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UNIVERSITY OF CAPE TOWN

FACULTY OF EDUCATION

**Youth, Relationships and Risk in the context of HIV/AIDS: How do Grade
10 learners in four Secondary Schools in the Western Cape make
relationship choices and how is this related to their conceptions of risk?**

**A minor dissertation submitted in partial fulfilment of the requirements for the
Degree of**

MASTER OF EDUCATION

by

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DECEMBER 2006

Supervisor: Dr M.J. Baxen

ABSTRACT

What are Grade 10 learners' conceptions of risk in four secondary schools in the Western Cape and how do these conceptions influence relationship choice making in the context of HIV/AIDS?

The research explores how youth in four secondary schools in the Western Cape, South Africa make relationship choices based on their conceptions of risk. The main focus of the research looks at youth identity and conceptions of risk in the context of HIV/AIDS and investigates what factors influence youth decision making processes in this context. For example, peer pressure/support, alcohol, drugs, schooling and education, religious belief, family values etc.

The study is located in the qualitative paradigm because it seeks to gain a deep understanding of how youth understand risk and how this influences how they go about making choices, particularly related to sexual decision making.

Data was collected from four demographically different schools in the Western Cape. Methods of data collection include a questionnaire, four focus group discussions and twenty nine informal individual interviews.

The results revealed that youth have a sense of invincibility, have little fear of risk and do not recognise HIV/AIDS as being an immediate threat to them as for many youth, until you experience something, it does not have an impact on you. They therefore feel that until HIV/AIDS affects them directly it is difficult to foresee the risk when the results of your actions are not immediate. The research therefore concludes that the nature of education being taught to youth needs to change.

PLAGIARISM DECLARATION

I declare that this piece of research is my own work, that it has not been submitted for any degree or examination in any other university, and that all the sources I have used or quoted have been indicated and acknowledged by complete references.

Signed: _____

JULIA KATE NUPEN

5th December 2006

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LIST OF ABBREVIATIONS

HIV:	Human Immunodeficiency Virus
AIDS:	Acquired Immune Deficiency Syndrome
STD'S:	Sexually Transmitted Diseases
UNAIDS:	United Nations Aids
UNESCO:	United Nations Educational, Scientific and Cultural Organisation
UNICEF:	United Nations Children's Fund

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OUTLINE OF THE THESIS BY CHAPTER

CHAPTER 1

This chapter outlines the aim of the study and gives background information as to the importance of this research in this field. It highlights the significance of the study due to this area being under-researched in the past and the fact that youths' perspectives and own understandings about knowledge, risk and HIV/AIDS have been previously ignored. It highlights the fact that without a significant change in attitude and behaviour towards HIV/AIDS, it will continue to effect future generations, resulting in insurmountable problems not only for individuals, but for the country at large. It looks at the importance of understanding how young people make choices about relationships and sexual action as well as their perceptions and understandings about risk in the context of HIV/AIDS. In order to understand the issues described above, the study begins by examining youth identity and youth sexual identity and the things that influence and shape them. It investigates the interrelationship between these identities and context, how these shape each other and how youth understand risk within this and therefore how they go about making relationship choices within the context of HIV/AIDS. It is hoped that the findings from this study will contribute to an understanding of youths' conceptions of risk and therefore how they make relationship choices. This chapter therefore introduces an approach to thinking about knowledge, risk and behaviour in a deeper way.

CHAPTER 2

This chapter outlines different theoretical perspectives on youth identity and risk from old traditional understandings to today's modern perspectives. It takes one through a trajectory from psychological interpretations, to sociological and finally modern day perspectives on youth identity and risk. It highlights the complexity of modern day society and therefore the complexity of youth choice making in the context of risk and more specifically HIV/AIDS risk.

CHAPTER 3

This chapter provides a methodological framework that describes how the research was carried out. It focuses on methodology, site and sample, methods and techniques of data collection, data analysis, ethics and confidentiality, accounting for myself as a researcher and limitations of the study. The study is located in a qualitative paradigm and the various data collection techniques used and reasons for the choice of the methods are given.

CHAPTER 4

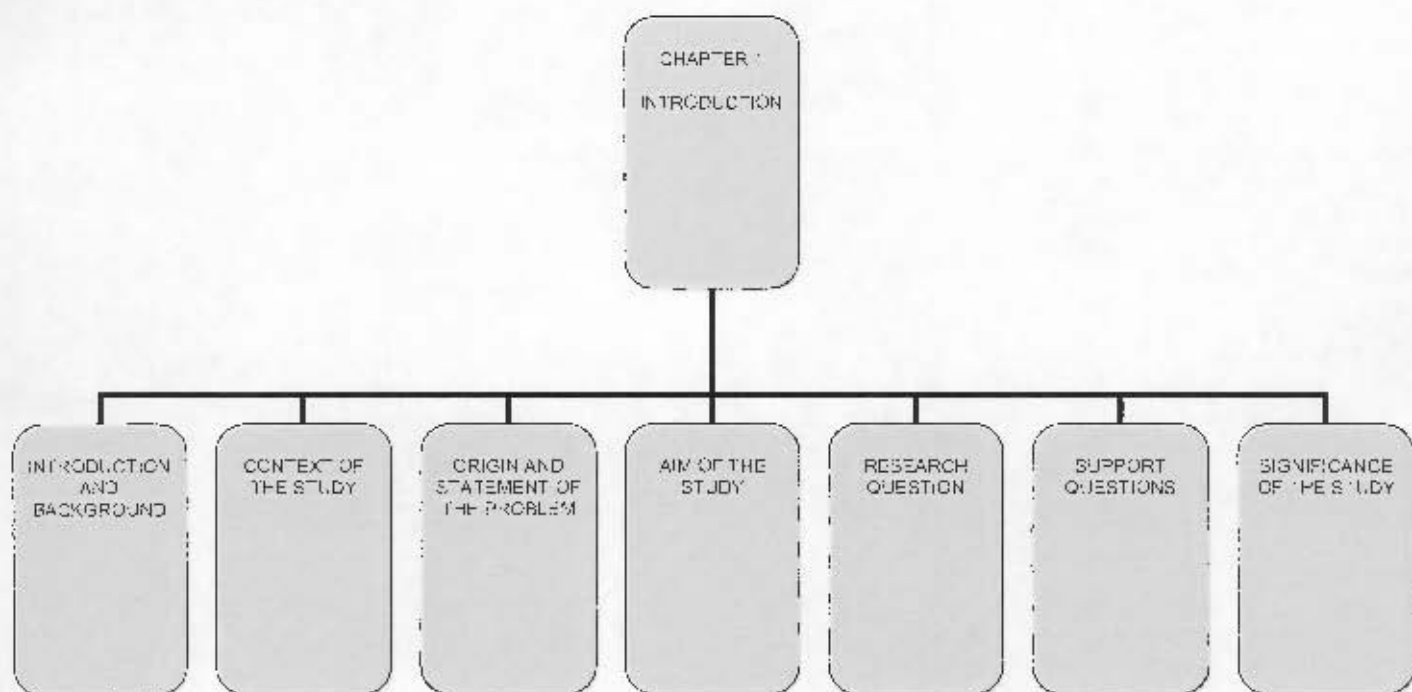
This chapter presents the findings of the data. It describes the context of the schools in which the research was conducted and the similarities and differences between the data received in the four schools. It highlights patterns that emerge in the data as well as describes difference within and between individuals, schools, sexes, racial groups, religious groups, media, families and cultures showing the conflict and tension between the multiplicity of ways youth understand and make choices about relationships in the context of risk and HIV/AIDS.

CHAPTER 5

This chapter gives an interpretation and discussion of the data by analyzing the empirical evidence against the theoretical framework offered in Chapter 2.

CHAPTER 6

This is the final chapter of the dissertation and it presents the conclusions and recommendations of the study, making suggestions for further research.



CHAPTER 1

INTRODUCTION

1.1 INTRODUCTION AND BACKGROUND

As a school teacher I was struck by playground comments from children and youth regarding sex. Generally these children seemed unperturbed in talking openly about sex and sexual practices. Comments such as; "Oral sex is not sex!", "Sex is not the same with a condom, it must be skin-on-skin" and "People seem to make such a fuss about HIV/AIDS, but the chances are it will never happen to me," intrigued me particularly as they did not reflect the knowledge and attitudes I would have expected from children who had had exposure to HIV/AIDS education through the media and community based HIV/AIDS related projects. These projects include Thetha Junction, Soul City (The Soul City Institute for Health and Development Communication is a South African non-governmental organisation that uses the mass media to improve health and well-being), Lovelife (South Africa's National HIV Prevention Program for Youth) and Khomanani (the South African government HIV/AIDS and TB campaign). I would have thought children were fearful of the disease and that their conversations about sex would revolve around the importance of condom use, the possible risks of oral sex and the fact that everyone is at risk of HIV/AIDS. However, this was not the case and it sparked many questions within me. I wondered about children's conceptions of their own risk in relation to the pandemic. I questioned the effectiveness of HIV/AIDS education in schools, government intervention programmes and media attention to the pandemic. I became interested and concerned about the relationships between children's knowledge, their understandings and attitudes towards risk and sexual practice in the context of HIV/AIDS.

My concern about these children's playground comments stemmed from reading HIV/AIDS related research and statistics and the realisation that our children and youth in South Africa are at great risk of becoming infected. According to the UNAIDS (2006) report Sub-Saharan Africa remains by far the worst-affected HIV/AIDS region in the world. Figures in the report indicate that Sub-Saharan Africa has 10% of the world's total population, yet 60% of the world's total HIV population. It estimates that 25,8 million people are HIV positive in Sub-Saharan Africa alone. South Africa is equally badly affected by the pandemic. Recent UNAIDS (2006) statistics estimated that approximately 5.5 million South Africans are infected with HIV, and 14,8% of this figure are South Africans between the ages of 15 - 24 years. These statistics indicate the largest number of individuals living with the virus in a single country.

According to the results of a survey conducted by Bradshaw (2000), young people in South Africa reported HIV/AIDS to be the biggest problem facing them and their communities today. 45% of the young people in this sample reported that they personally know someone who has died of AIDS. However, Bradshaw makes reference to the fact that despite these figures it would still seem that the majority of young people do not consider that they are personally at risk of contracting the disease and playground comments mentioned above appear to support his findings still, six years later. In fact according to Bradshaw's study, 63% of HIV infected youth in the survey reported that they thought they were at no risk or small risk of getting HIV.

Questions that arose were related to why youth do not always perceive themselves as at risk despite their supposed knowledge of the disease. It was, therefore, questions about the interrelationship between youth's knowledge, their conceptions of risk, how they make relationship choices and HIV/AIDS that gave impetus to this study.

1.2 CONTEXT OF THE STUDY

HIV/AIDS related deaths amongst South African youth ages 10-24 years have gone from 22 636 in 1997 to 38 054 in 2004¹. This indicates a 68% increase in HIV/AIDS related deaths for this age category in seven years. This increase is in spite of government's strategies and HIV/AIDS campaigns in popular media spaces. These government strategies have entailed re-structuring how HIV/AIDS is taught in schools through the curriculum, school, community, mass media and government intervention programmes and campaigns. For example, since the 1990's, programme planners and policymakers around the world have increasingly emphasised the need for greater awareness of HIV/AIDS and preventative measures. One programme introduced globally, and in South Africa, was the three-pronged strategy for prevention of HIV infection. This strategy is known as the ABC approach. The 'A' signifies abstinence, the 'B' being faithful to a single partner (monogamy) and the 'C' condom use (Bankole et al, 2004). Yet youth remain the fastest growing prevalence group in the country. For example research conducted by Netswera (2002) and Simbayi et al (2004) have all found that despite much education, youth's attitudes and behaviour in an HIV context generally seems unchanged and they still do not seem fearful of contracting the disease and practice high risk behaviour. However, on studying this literature on prior research in the field, I noticed that few researchers ask questions about the hermeneutic or interpretive space of HIV/AIDS. In other words, researchers tend not to consider ways in which youth make sense of the environments around them and also how these inform their conceptions of risk and relationship choice making.

None of the studies referred to above have interrogated the view point and perspective of youth themselves. Social and cultural practices that inform youth's knowledge and understandings of risk and the things that inform their

¹ <http://www.avert.org/safricastats.htm>

decision making were also not interrogated sufficiently. For example, in research done by Netswera (2002), Matsoso-Makhate (2006), Rolls (2006) and LeClerc-Madlala (2004) not one of them interrogate youth's own perceptions and interpretations of the disease.

Netswera's (2002) study conducted in Johannesburg, on youth's susceptibility to risky sexual practices describes their sexual behaviours and tendencies in sexual relationships in detail. His research finds that youth have certain sexual tendencies and this often leads to risky behaviour. Matsoso-Makhate (2006) investigates how some youth in the Western Cape construct their sexual identities in the context of HIV/AIDS. She investigates how social practices inform this process and how youth conceive of their sexuality. Matsoso-Makhate focuses on the fact that social context is important and she finds that youth construct their identities according to expected stereotypical and socially perceived feminine and masculine roles. In other words Matsoso-Makhate suggests that youth have an awareness of the expected heterosexual roles and therefore perform in accordance with these. For example she suggests that learners play into roles such as the pursuer (masculine role) and the pursued (feminine role). This means that in order to fulfil these expected roles, youth tend not to consider the consequences of these roles, such as putting themselves at risk. Rolls (2005) also investigates children's constructions of their sexual identity. She finds that they construct their sexual identities within a context-dependent and situation-specific environment. In other words, she concludes that there are myriad institutions and agents that directly influence the way children are shaped sexually. For example, children model behaviour based on their interactions and communication with their parents, siblings and peers as well as what they see in the media. All of these have an influence on the way they shape their sexuality. Both Rolls (2005) and Matsoso-Makhate's (2006) studies are similar in that they suggest that young people construct their identities according to a myriad of socially accepted institutions and agents, such as modelling the behaviours of those around them.

Netswera, Matsoso-Makhate and Rolls's research is useful as their findings help give a base from which to build this research. They give a clear indication of the nature of the findings already in the field and this helps to identify the gaps yet to be investigated or understood. For example their findings indicate that more research needs to be done on; firstly, how the context youth operate in, influences their sexual decision making, Secondly the interrelationship between youth conceptions of risk and their resulting behaviour, and thirdly, how youth's knowledge of HIV/AIDS informs their constructions of their sexual identity.

LeClerc-Madlala (2004) is one of a few researchers that who begun asking these deeper questions. She begins to go beyond assumptions about the linearity between knowledge and practices, asking questions about understanding the discursive spaces in which knowledge is constructed and mediated and the influences on knowledge production and reproduction. She states that there is an inherent contradiction between women and youths' knowledge of HIV and related sexual behaviour. She suggests that research on individuals changing meanings (how people's perceptions of themselves and the world around them continually change), beliefs, values, gendered ideologies, cultural constructions and social expressions of sexual behaviours needs to be continually done. She also states that it is only through continued research that we will arrive at an understanding of why HIV infections continue to perpetuate in a country such as South Africa, despite high levels of HIV/AIDS awareness and years of massive financial resources directed at preventing its transmission.

It is also important to discuss the following; government responses to HIV and government intervention programmes, the media and its portrayal of HIV to the public as well as life-skills education programmes in schools. This is in order to gain a better understanding of exactly what these projects were trying to achieve so as to better understand why they were not being effective. In reading about the projects, it became clear that none of these programmes critically addresses youth's own perceptions of the disease, aligned to the above.

described suggestions of LeClerc-Madlala (2004). I therefore wanted to find out exactly what youth's perceptions of the disease were, and this helped give impetus to the study. I wanted to investigate what youth's perceptions, experiences and understandings of HIV/AIDS in their own lives were so that when educating and designing programmes for youth these appeal to them and address the issues, misinterpretations and complexities which youth face when making decisions related to HIV/AIDS risk and choices they make in this context.

1.3 ORIGIN AND STATEMENT OF THE PROBLEM

Youth have been identified as being a high risk category of contracting HIV/AIDS (UNAIDS, 2006) for a number of reasons. Two of the most obvious reasons for this are' firstly youth's sexual virility putting them at risk and, secondly, the future economic effects on a country, if youth today become infected. For example, according to Bradshaw et al. (2004), youth continue to put themselves at risk and therefore continue to fuel the epidemic as newly sexually active cohorts. He also points out that youth are the future workforce, procreating generation, decision makers and leaders and if they become ill, countries economic futures become vulnerable. For these reasons youth have therefore been identified as a high risk category. Whiteside and Sunter (2000) and Natrass (2004) also make reference to youth being the future of South Africa's success as they are future economic contributors. Natrass says that HIV reduces economic growth and that the macroeconomic impact of AIDS is determined by the demographics of those most affected such as the young and economically active. She, therefore, expresses a concern that youth are at high risk as they are the future and need to remain healthy. Youth mortality rates are also a concern as, the higher the youth mortality rate, the fewer economic contributors for the future. Bradshaw and Dorrington (in Karim, Karim et al. 2005) make reference to this in a report on the rapid increase in young adult mortality in the late 1990's in South Africa. This report provides compelling evidence of the impact of the maturing HIV/AIDS pandemic. It can therefore be assumed that it was during their

youth that the young adults in Bradshaw and Dorrington's report were infected.

With the above understandings of why youth have been identified as being at high risk of contracting HIV/AIDS and the realisation that responses to dealing with youth's high risk labelling (such as government intervention programmes mentioned above) have not been effective since HIV escalations are still high, questions as to why this is the case need to be addressed. In fact many studies seem to take for granted that there is a linear connection between knowledge and practice. However, the intervention programmes mentioned above, prove that this is not the case. Few studies ask questions about the interrelationship between youth conceptions of risk and behaviour; context in which youth make relationship choices and what factors inform their decision making.

1.4 AIM OF THE STUDY

The aim of the study was to examine the conception of risk of some Grade 10 youth in the Western Cape and how they make relationship choices in the context of HIV/AIDS. It paid particular attention to social and cultural practices that inform these understandings and conceptions of risk. It sought to investigate what informs youth's decision making about risk and what influences youth in their choice making about relationships and sexual action.

1.5 RESEARCH QUESTION

What are Grade 10 learners in four Secondary Schools in the Western Cape's conceptions of risk, and how do they influence relationship choice making in the context of HIV/AIDS.

1.6 SUPPORT QUESTIONS

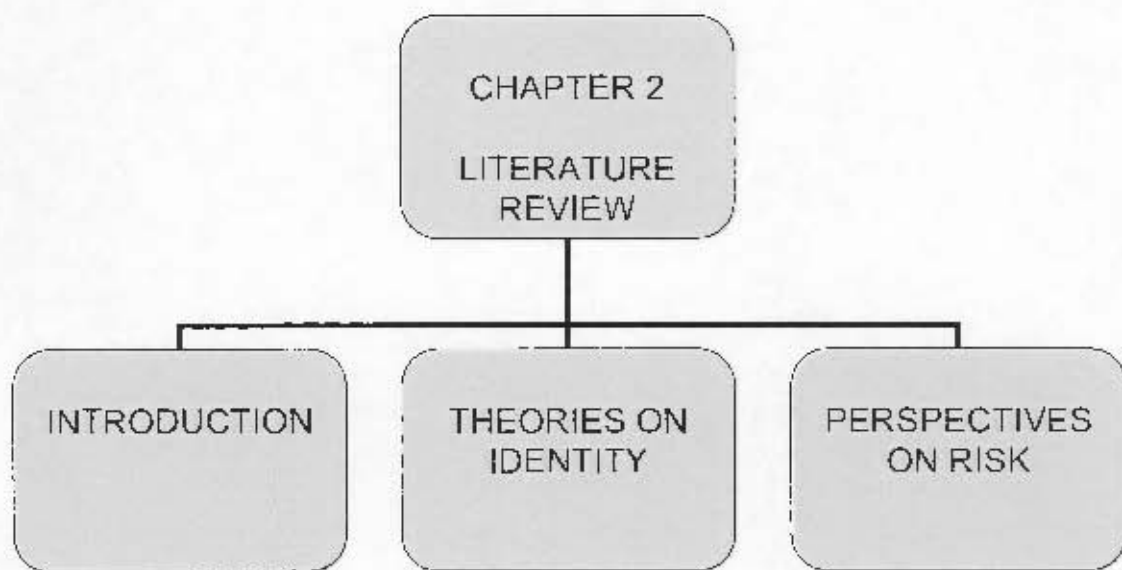
- 1) What are youth's conceptions and understandings of risk in the context of HIV/AIDS?**
- 2) What are the social and cultural practices that inform youth's understanding of conceptions of risk?**
- 3) What influences youth in their relationship choice making?**

1.7 SIGNIFICANCE OF THE FINDINGS

Research on youth and HIV/AIDS in South Africa has not been as successful as hoped. High youth HIV infection rates give testament to this. It has been assumed by government and many others that, if money is invested in HIV/AIDS prevention programmes and young people are educated about HIV/AIDS, that their behaviour would change and that the problem of infection would be solved and diminished. Studies on youth's knowledge about HIV/AIDS and their related behaviour have shown that this is not the case (Netswera 2002 and Simbayi et al 2004). These studies indicate that despite youth's knowledge of HIV/AIDS, behaviours seem generally unchanged and people are still becoming infected at alarming rates.

This study examines what Grade 10 learners in four schools in the Western Cape, South Africa, conceptions of risk are and how they influence relationship choice making in the context of HIV/AIDS. It looks at the social and cultural practices that inform youth's understanding of conceptions of risk and investigates what informs youth's choice making.

The findings will therefore contribute to understanding how youth are thinking about HIV/AIDS and therefore help identify the nature of knowledge that needs to be taught or given to youth when teaching about HIV/AIDS. The results of the study will therefore hopefully contribute to policy and programme developers, curriculum designers and media approaches to teaching more effectively about HIV/AIDS to this particular age category.



CHAPTER 2 LITERATURE REVIEW

2.1 INTRODUCTION

Constructions of identity are complex and can be understood from many different theoretical perspectives. This chapter begins with examining such constructions of youth identity with a view of understanding how risk is understood within these theoretical perspectives. Youth seems to be a time, at least in many technologically advanced Western cultures, when young people are confronted with the problem of self-definition. Whether this task is created by social circumstance, internal developmental phenomena, or a combination of both forces, it is an ongoing debate in literature on adolescent (youth) development. Before entering into examining constructions of youth, it is important to note that for the purpose of this research, the words youth and adolescent are interchangeable and both refer to Grade 10 learners. In this study the age range of these Grade 10 learners was 15 to 23 years. This was due to the ages of the Grade 10 learners in my sample.

This chapter firstly examines psychological theories and constructions of identity. It then examines sociological perspectives on identity that sees identity construction from a subjectivist perspective, believing that individuals are predetermined and that identity is context embedded. Thirdly, the chapter looks at modern constructions of identity, which see identity as a reflexive project both about the individual and context. Finally, the chapter seeks to examine understandings of youth identity and risk based on these theoretical models. The reasons for doing this are to examine how these concepts have been understood in the past and are being understood in current research. These understandings of how youth identity and risk have, and are being understood, help to know what areas have been neglected and what areas this study can focus on, in order to make a contribution to this body of knowledge.

2.2 THEORIES ON IDENTITY

Psychologists, and more specifically developmental and psychoanalytical psychologists such as Freud (1989), Piaget (1970) and Erikson (1980), see identity construction as stage specific and intrinsic to the individual. Within the field of psychology, different groups of psychologists have different views on identity and from where it comes. For example, Erikson's (1994) psychoanalytical theory argues that although development and therefore identity construction happens in stages, a key characteristic of the self is that selfhood is personally created, interpretively elaborated and interpersonally constructed. In other words, the individual is part of the process of constructing their own identity. Psychologists such as Freud and Piaget, also believed in developmental stages. They view identity as being predetermined by instincts and biological characteristics. Freud for example believed that psychological events are tied to energy, drives and instincts based on biological characteristics structured by unconscious prompting-desires, wishes and fantasies. He focused on psychosexual development where the basic assumption is that all behaviour is meaningful (Muuss, 1988:49) and internally driven. His theory on identity examines the unconscious and subconscious namely the 'id, ego and superego'² and he suggests that self-experience is radically divided or split between conscious, rational thought on the one hand and unconscious desire, fantasies and memories on the other (Elliott, 2003:5). According to Freud stages of development are universal, in that each individual, regardless of society and culture, must move through this invariable sequence of psychosexual experiences to reach maturity, almost as if it was a part of human nature. He argues that these developmental phases exist because between childhood and adulthood the individual obtains pleasure from different parts of the body at different times and therefore each developmental stage is dominated in its urge towards pleasure and

² The id, ego and superego are terms developed by Freud. They are closely related to how he conceptualizes the structure of the mind. He refers to it as consisting of three major systems; the id (biological), the ego (psychological), and the superego (social).

satisfaction in a different way. Freud (1989) describes adolescence or youth as the puberty or genital stage brought about by the biological maturation of the reproductive system. He characterises this stage by a rapid increase in sexual tensions demanding gratification. These sexual needs and fantasies become more explicitly concerned with tension release and later sexual union of male and female. He goes on, however, to say that these inclinations are restrained by the social demands and adaptations to the moral values of society and the norms of the community. Freud says that this creates much conflict within the individual as often sexual desires are not met due to societal demands and understanding of appropriateness. Often gratification is sought, resulting in feelings of guilt by the individual, due to being caught between the need to fulfil desires and moral dilemmas. This produces conflict, turmoil and disequilibrium. These conflicts can be internal or external, for example within the individual or between parents and their children. Due to these dynamics of frustration and anxiety, Freud goes on to say that defence mechanisms are therefore heightened during this phase of adolescence especially for those individuals who can not cope in a rational fashion. He speaks of adolescence developing defence mechanisms such as rationalization, repression, displacement, identification, isolation or intellectualization, introjection, projection, denial and sublimation. These defence mechanisms often satisfy immediate frustrations, but the benefits are often short-lived. The damaging effects are far greater and the consequences can often have negative effects (Muuss, 1988:29-51). This helps one understand youth identity, as it makes reference to it being often a difficult phase in a person's life, due to the many changes not only in one's body at this time, but the difficulties in trying to establish a more adult identity as well.

Piaget, a developmental cognitive psychologist, describes cognitive reasoning and social cognition. His developmental psychological approach postulated fairly specific age-related behaviour dispositions that follow an invariant developmental sequence, possess cross-situational consistency and are more or less universal and predetermined. He focuses on stages of development, where knowledge is inextricably linked with development. The stages he

describes are as follows; the sensory-motor intelligence period, the pre-operational stage, the concrete operational stage and the formal operational stage (Beard, 1976:19-118). These stages are further broken down into sub-stages of development and Piaget describes specific behavioural characteristics associated with each phase. Piaget believes that formal operations, which are characterized by the use of propositional thinking, combinatorial analysis and abstract reasoning, (Muuss, 1988:185) are initiated through co-operation with others and this occurs at the beginning of adolescence. At this point their social life enters a new phase of increased collaboration which involves exchange of view-points and discussion. This range of view points gives adolescents' thinking a new flexibility. A child is limited in its thinking, but an adolescent sees possibilities, forms theories and conceives imaginary worlds; to quote, "An adolescent, unlike the child, is an individual who thinks beyond the present and forms theories about everything, delighting especially in consideration of that which is not" (Muuss, 1988:187). Piaget, through his descriptions of his understandings of different stages of development, makes it clear that children, adolescents and adults think very differently and therefore youth can often be misinterpreted and misunderstood by adults due to the nature of their thoughts. The possibility of misunderstanding is important when trying to understand youth's perceptions of risk as it may be very different to an adult's.

Developmental theorists such as Erik Erikson (1994), describe developmental stages as hierarchical and invariant, each building on that which has gone before, incorporating yet transcending the last stage to provide a foundation for the next (Kroger 1989). Erikson focuses on eight stages of development. He distinguishes the identity formation during adolescence from those phases during infancy and childhood. He focuses on 'ego³ identity' to denote the psychosocial nature of the individual. Erikson maintains that identity has to be searched for and is a conscious process. It is not given to the individual by society, nor does it appear as a maturation phenomenon

³ Ever changing psychological development on the self

such as described by Freud and Piaget. He argues that identity must be acquired through sustained individual effort. When describing youth's search for personal identity, he describes it as being the formation of a personal ideology or philosophy of life that gives the individual a frame of reference for evaluating events. Erikson emphasises the role peers have in shaping adolescent identity. He describes how childhood dependency on parents later becomes the adolescent's dependency on their peers. He says that eventually adolescents must free themselves from this dependency on peers to attain a mature identity. He says that an adolescent who fails in the search for an identity will experience self-doubt, role diffusion and role confusion. This, he characterises, as an identity or social crisis, often associated with issues surrounding trust, self-doubt, shame and guilt (Muuss, 1988:52-84).

Some sociologists see identity construction in a completely different way; however, they are equally deterministic because they understand youth action as being determined predominantly by their environments. No longer is the focus psychological, cognitive or developmental as in the previous discussion, but it is context imbedded and driven. It differs from psychological theory in that it goes beyond internal factors and focuses on how society and events outside of the individual transform and shape youth identity. It is marked by a concern for roles and role change through the process of socialization. It assumes that behaviour is primarily determined within a social situational context. Consequently sociologists such as Skinner (2001) focus on the interrelationship between the environment and social changes as antecedents and the behavioural changes that occur in a given individual as consequences rather than as a function of age (Muuss, 1988:285). They see it as 'a theory in the making', that is, not nearly as formalized and rigid as psychoanalytical and development theory. For example sociologists are concerned with how individuals absorb values, standards and beliefs current in society through socialization such as school, home and media. They see theory and the empirical as closely related and interdependent and as part of the process of socialization. The above theories are eclectic in that they draw on concepts, hypotheses and methodology from a variety of different sources. However,

the primary concern is that identity construction is about socialization and it is context driven. In general sociological theory assumes that there is continuity in human growth patterns and in the learning process and that no basic changes or clear-cut new stages in the mode of thinking appear at any stage and any one level. In contrast to stage theories, sociologists are concerned with inter-individual rather than with intra-individual differences. It is important to note however, that sociological theory is limited in that although it focuses on external factors and the importance of context, it neglects to investigate and ask questions about the interface between internal and external factors as well as choices that are made available to youth through this process.

Modern constructions of identity differ from that of the psychological and sociological theorists in that they suggest that identity is neither intrinsic nor context driven, but rather both. For example, modern understandings of identity construction, see identity construction lying both with the individual as well as the outside or context such as schooling, community, family etc. This is due to the fact that in a modern context the self is not seen as a fixed entity, but is rather actively constructed. Individuals are capable of incorporating and modifying knowledge that accounts for the substance of their personal identity (Elliott, 2003:7). This conception differs from previously understood traditional concepts in that the complexity of modernity gives individuals a myriad of choices as opposed to the linear understanding of identity in previous times.

Giddens (1991) provides an analytical framework for understanding youth in a modern context which helps explain some of the shortcomings of the ways of thinking about youth according to psychological and sociological models illustrated above. Giddens does three things; first he highlights the limitations of psychological constructions that do not privilege context as an important indicator in the experience of youth. Second, he highlights the importance of understanding both internal and external conditions in making sense of the experience of youth, and third, he highlights the fact that in a modern context, people make choices in constructing their identities and that their identity is not fixed nor generalizable.

Giddens's (1991) theory differs from others as it does not only focus on the age of youth, the difficulties experienced at this phase of one's life, the fact that youth are grappling with establishing their own identities, external influences such as peer pressure, schooling and so on. His theory goes beyond accounting for such limitations. For example, many psychological theories are limiting as they do not account for context-differentiation and how context has a *profound* influence on identity construction. He also accounts for those theories that foreground individual choice in identity construction as reasonable, rational and individually determined, yet ignore the important and un-ignorable influence of context. Giddens focuses not only at where youth grow up, but how they grow up within their communities, how youth make sense of who they are in their own individual context, often where choice may be very limited and how youth is understood within each particular context. For the most part these psychological theories seem based on understanding the individual as operating in the context-free space or homogenous space where 'all things are seen to be equal'. These theories make out that youth will grow up uninterrupted by geographic environments and the practices in society. Therefore it is very important that a discussion on youth has to include understanding the way society functions because youth are part of and constitute society. Although sociologists aim to do this, they then focus purely on context and neglect to understand the interface between the individual and context.

Giddens' (1987) theory of structuration accounts for the above mentioned limitations in that he focuses on how we draw on external things when constructing our identities and internal things to make choices. He unpacks the relationships between individuals and the conditions around them. Giddens writes that the connection between structure and agency is a fundamental element of social theory and that they are a duality that cannot be conceived of apart from one another. At a basic level, this means that people make society, but at the same time are constrained by it. He says that action and structure cannot be analysed separately, as structures are created, maintained and changed through actions, while actions are given meaningful form only through the

background of the structure. In other words, Giddens sees macro things pressing on the structures, but he sees this in a positive way as he views these structures as resources in establishing an identity, rather than power over people. Individuals have scope as to the choices they make within these structures and it is the structures that provide the range of choices for us. The two work simultaneously together (Giddens, 1991).

Giddens's theory of structuration concludes that agents (people) employ social rules appropriate to their culture, ones that they have learned through socialization and experience. These rules are the resources at their disposal used in social interactions. Rules and resources employed in this manner are not deterministic, but are applied reflexively by knowledgeable actors, albeit that actors' awareness may be limited to the specifics of their activities at any given time (Giddens, 1991). Thus, the outcome of action is not totally predictable, however it is always a consequence involving both structures and agents. In other words, youth's decision making is not totally predictable and will vary according to each individual, their cultural beliefs, the social context they operate in and many other factors. However it is safe to say that it is both micro and macro (internal and external) structures that will contribute to the way in which choices are made. Giddens's theory of structuration highlights the importance of not only how the individual perceives him or her self in today's modern arena, but the importance of how the context in which one lives contributes to shaping our social realms and thus has an effect on the nature of our choice making.

Thus, in his theory, Giddens questions the fixity of identity. He states that the self is not a passive entity, determined by external influences, but that individuals also contribute to and directly promote social influences that are global in their consequences and implications (Giddens, 1991:3). According to Giddens (1991:3), in the post-traditional order of modernity, self-identity becomes a reflexively organised endeavour, connecting personal and social change. This task has to be accomplished amid a puzzling diversity of options and possibilities in a very complex modern environment.

Giddens's work has developed powerful interpretations of the self. He ties his account of the self with institutional and global forces. At the core of Giddens' theory of the self is the concept of 'reflexivity', a concept of immense significance for grasping the production of personal and social life. Reflexivity can be defined as a self-defining process that depends upon monitoring of and reflection upon, psychological and social information about possible trajectories of life. Such information about the self and world is not simply incidental to contemporary cultural life; it is actually constitutive of what people do and how they do it. 'The reflexivity of a modern social life,' writes Giddens, (1991) 'consists in the fact that social practises are constantly examined and reformed in the light of incoming information about those very practices, thus constitutively altering their character' (Giddens, 1982) He says that the self is a self-mastering, self-monitoring project.

With this understanding of the modern context and the self, the complexity of how youth construct their own identities is brought about. It is evident that understanding how youth construct their own identities is very complex. This has implications for understanding youth identity and therefore how they understand and interpret risk and make relationship choices. It is these complexities that will now be unpacked.

2.3 IMPLICATIONS FOR UNDERSTANDING RISK

With the above understandings of different approaches to identity, it is important to investigate how these constructions help locate understandings of risk. Giddens' theory helps to equip one to talk about risk and more specifically youth and risk in a modern context. Psychological theorists such as Freud, Piaget and Erikson do not talk about risk specifically and one can only base assumptions about their understandings about youth and risk on their references to the phase of adolescence described in their theories. For example, Freud's focus on youth's biological and sexual desires gives rise to a possible argument that youth put themselves at risk, particularly sexually

related risk (HIV and STD's) as their urges to fulfil biological desires may override logical rational thought and the need to protect themselves. It would assume that choices are made irrationally based on desire rather than the fear of risk and consequences. A feeling of guilt or rational thought may come later, but initial decisions are not necessarily made logically. Piaget describes adolescent's thinking as formal operational and developed, yet he highlights the fact that this ability to think, imagine and theorise may lead to making decisions out of rebellion against what is perceived to be 'right' and appropriate, therefore putting one at risk. Erikson (1994) describes youth as being a phase of inner conflict and striving to seek an identity, again in this time of turmoil, trying to fit in and establish who one is, may put one at risk of making irrational decisions in order to be accepted.

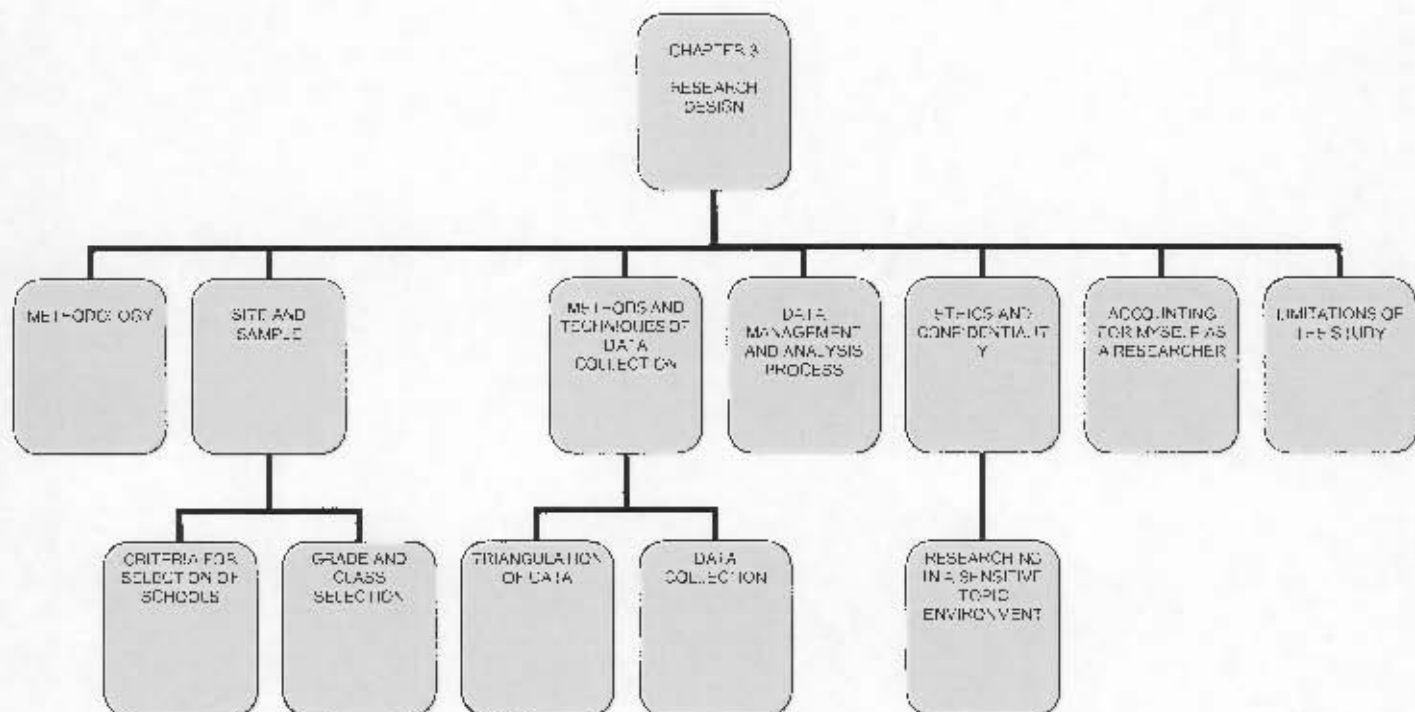
Social theory focuses on context and the construction of identity through socialization. It would appear that it sees external contexts such as the influence of the television, movies, magazines, friends, peer pressure, the breakdown in societal values, the breakdown of the family etc. all as influencing youth's identity and choices, leading to possible risky behaviour.

Giddens however provides an alternative way of thinking about risk. He highlights the nuances and illuminates aspects of risk in the following way. He says that in circumstances of uncertainty and multiple choices, the notions of trust and risk have particular application. Modernity creates a risk culture. Not that social life is inherently more risky than it used to be; but rather the concept of risk becomes fundamental to the way both lay actors and technical specialists organise the social world. Under conditions of modernity the future is continually drawn into the present by means of the reflexive organisation of knowledge environments. Modernity reduces the overall riskiness of certain areas and modes of life, yet at the same time introduces new risk parameters largely or completely unknown to previous eras.

Giddens's theory contributes to the debate about youth identity, risk and relationships on two levels. Firstly, he situates youth as operating or making meaning of themselves within complex discursive spaces and secondly Giddens's construction of identity highlights the embodiment of the physical and cognitive processes that occur in a situated context rather than one devoid of context. Giddens demonstrates that we draw on structures when constructing our identities rather than illuminate structures. He highlights the fact that structures and agents are interlinked and that people have choices in deciding their destinies

Understanding youth identity is about understanding identity in a modern context. Anthony Giddens' theory is the most useful for the purpose of this research as his approach to identity construction and the importance of context as well as society, risk and they influences each other, provides a vocabulary to give explanations about the study as well as a lens from which to analyse the data. This is key in understanding the relationship between youth and how they go about making decisions in the context of a modern high risk HIV/AIDS environment. For example, when understanding youth in a high risk HIV/AIDS South African context, one can not ignore the cultural beliefs, religious beliefs, range of communities, socio-economic standards etc. from which the youth come and how each individual context will have a profound influence not only in how each individual constructs his/her own identity, but in the nature of their beliefs and understandings and therefore their choice making.

Taking Giddens' theory into account, specifically in a South African context and being conscious of how society and risk influence each other, the next Chapter describes how the research was conducted to enable sound investigation into context, society, risk and youth in order to answer the research question in relations to Giddens' theory described above.



CHAPTER 3

RESEARCH DESIGN

This chapter provides the research design and methodological framework for this study. A research design is often expressed as a 'map' that denotes the methodological processes followed and thus describes how the research was carried out and why a particular process was appropriate for this study. This chapter outlines the methodology, the site and sample, methods and techniques of data collection, data analysis, ethics, confidentiality, accounting for the researcher and limitations of the study.

3.1 METHODOLOGY

A methodology is a general approach to studying a research topic. It cannot be true or false, but rather it establishes how one goes about studying a particular phenomenon (Seale, 2004). It frames the path the research takes in order to answer the topic under question.

This study aimed at gaining an understanding of youth's conceptions of risk in a particular setting with the view to gaining insight in how this influences their relationship choice making in the context of HIV/AIDS. Since the study sought to understand rather than prove the existence of the phenomenon under scrutiny, a qualitative methodological approach seemed more appropriate and useful. Qualitative research seeks to describe individual experiences, opinions and viewpoints in detail, thus gaining insight into their perspectives about particular phenomena. In other words, the research focus is more on understanding human behaviour from the informant's own frame of reference. According to Goodwin and Goodwin (1996:134) qualitative research is particularly useful for ascertaining respondents' thoughts, perceptions, feelings and retrospective accounts of events giving the reader a clear understanding of their conceptions of the world around them. Qualitative research differs from quantitative research in that it is about observing a phenomenon rather than measuring something specific. It is exploratory rather

than explanatory and inductive as apposed to deductive. In other words, qualitative research seeks to answer questions that stress how social experience is created and gives meaning. It emphasises the value-laden nature of inquiry. In contrast to quantitative studies it emphasises the measurements and analysis of casual relationships between variables, not processes (Denzin and Lincoln, 1998).

Within this qualitative framework, a phenomenological approach was most appropriate. 'Phenomenology is a method of philosophical enquiry, involving the systematic investigation of consciousness' (Seale, 2004). It allows for the study of peoples' understandings of a phenomenon and the detailed descriptions of their experiences and how subjects make sense of them (Babbie, 1999). A phenomenological approach pays attention to group and individual constructions and perceptions of reality. According to Goodwin and Goodwin (1996), it uses the process of induction to construct meaning and concepts, and reports findings in narrative form. Mouton (1996) also describes this process of in-depth investigation as descriptive and inductive saying that it allows the researcher to immerse his/her self in each individual's environment and understand their social and environmental context. All in all a phenomenological approach allows the researcher to gain a deep understanding of the phenomenon under study and in the case of this research it allows for a deep understanding of youths' knowledge of HIV/AIDS, their attitudes and behaviours.

Such a methodological approach was useful for this study as it helped to guide the researcher to report the 'stories' and understandings of the informants' perceptions of risk and relationship choice making, rather than the imagined understanding of how the researcher may have thought youth understand these concepts.

The site and sample shall now be described to give the reader a clear understanding of where the study was conducted, how the informants were selected and the context of the schools chosen.

3.2 SITE AND SAMPLE

3.2.1 Criteria for selection of schools

As this study contributes to and is located within a larger project on 'Schooling, Cultural Values and HIV/AIDS in South Africa', the schools I used in this research were pre-selected for this project. The primary researcher and the research assistant of the larger project undertook the selection process.

To ensure equal representation of the racial population of South Africa, the process of school selection took the form of simple random selection. The selection process occurred in two phases, with the use of different sampling techniques for each. The first phase was purposive in that we chose to demarcate schools into the four different ex-Department categorisations used prior to the new democratic government of 1994. In other words purposive sampling was used as a strategy to classify schools. We did not want a random selection in the first phase. This phase was used to separate schools into their different racial categories and the second was where each school in the group had an equal chance of selection.

The second phase was where simple random sampling was used to select the schools. This is a process that gives each element in the population an equal chance of being included in the sample (Mouton, 1996). All high schools in the Cape Metropole area were grouped according to the ex-department categories used prior to the democratic elections in 1994. The schools within each category were numbered and the numbers placed in each of four boxes. Two schools from each box were selected using the strategy described above. These schools became the sites for all research conducted in the project. However for the purpose of this study, only four schools were approached since the sample in each school, as I describe below, was relatively large. One school from each of the four ex-Departments of education was chosen that took into account aspects like race, religion, geographic origin of learners and members in the local communities, socio-economic status of school and communities, mobility of teachers and

learners, ethnicity and language. These considerations were important in that this study sought to gain insight into the conceptions and experiences of a wide population of youth.

Once schools were selected, a letter was written to the Western Cape Education Department for permission to conduct research in the project. Once approval had been granted, the principals at each of the schools were contacted and an initial introductory visit was planned where information was given to the principals and staff about the project and its intention. Principals were informed that students would be conducting research at various stages in the project. Once this was understood, their approval to conduct research in their schools was sought and obtained. Principals had to commit themselves to allowing researchers to have access for a three-year period, thus ensuring that there was no need for permission to be sought each time.

Once the research process had begun, it became clear that one of the selected schools was facing many difficulties and the safety of the researcher was a concern. Gaining access to the school seemed near impossible and gaining access to the informants in the school equally difficult. For example, there was a suicide on the property, gang-related violence and police involvement on one of the days I went to visit the school. Similar such incidents continued for a number of weeks and the principal advised me that due to the unrest in the community he could not guarantee my safety and being able to access the learners would be disruptive and problematic under the circumstances. Taking cognisance of this yet not wanting to compromise the data, I was forced to exclude this school from the study.

In addition, however, the researcher was employed in an independent school that offered easy access to learners. As an independent school, permission to include it as a research site had to be obtained from its governing body. Approval was given, and thus the final sample of schools for this work included three project schools and the independent school in which the researcher worked.

The table below gives a brief overview of the schools. Included too, is the grade and, as I explain in the next section, the data collection methods used with each sample of learners. The four secondary schools, referred to as Bridgeview High School, Greenbelt High School, Meadowrise High School and Summerville High School⁴ are all in the Western Cape. This brief tabular depiction of the site and sample offers an overview of the relationship between sample and data method which I detail in the next section.

Table 1: Overview of Schools, Method of Data Collection and Number of Participants

NAME OF SCHOOLS IN THE SAMPLE	BRIDGEVIEW HIGH SCHOOL	GREENBELT HIGH SCHOOL	MEADOWRISE HIGH SCHOOL	SUMMERVILLE HIGH SCHOOL
GRADE	10	10	10	10
QUESTIONNAIRE	ONE GRADE 10 CLASS (35 participants)	ONE GRADE 10 CLASS (36 participants)	ONE GRADE 10 CLASS (45 participants)	ONE GRADE 10 CLASS (25 participants)
FOCUS GROUP DISCUSSION	A GROUP OF 10 LEARNERS	A GROUP OF 10 LEARNERS	A GROUP OF 10 LEARNERS	A GROUP OF 10 LEARNERS
INDIVIDUAL INTERVIEWS	9 OF THE 10 LEARNERS FROM THE FOCUS GROUP DISCUSSION WERE INTERVIEWED	ALL 10 LEARNERS FROM THE FOCUS GROUP DISCUSSION WERE INTERVIEWED	ALL 10 LEARNERS FROM THE FOCUS GROUP DISCUSSION WERE INTERVIEWED	NO INTERVIEWS WERE CONDUCTED

3.2.2 Grade, Class and Learner Selection

I selected Grade 10 for the study for the following reasons. Although the age categories of learners vary widely in South African schools, the average age of the learners in Grade 10 would be approximately 15 to 16 years old. I, therefore, felt that this was an appropriate age in which to investigate decision making about relationships as they were adolescents and likely to be either considering or in a relationship.

⁴ Pseudo names were used see pg 18 for details.

They would, therefore, be a suitable category to investigate for the purposes of this study.

All of the schools had at least three classes per grade totalling a very large number of possible informants. Since I was interested in understanding the experience of the phenomenon and since my intention was to probe insights from a small population rather than from surveying a large number of learners, it became necessary to select a class per school in which to do the research. I, therefore, asked the Grade 10 teachers at each school to select a class to be part of this study. As the research was to be conducted in English, at Bridgeview, Greenbelt and Meadowrise High Schools where English is not the mother tongue of all the learners, I asked the head teacher at each of the schools to liaise with the English teachers and to select the class most proficient in English for the study. The reasons for doing this were to minimise difficulties in language and, therefore, possible misinterpretations, especially with the questionnaire. To obviate problems during the data collection phase and when it came to completing the questionnaires, I asked an English teacher from each school to be present to translate any questions into the learner's mother tongue as and when necessary. While such an approach is not without difficulty, I decided to offer learners the option of using an interpreter even though I was aware of the possible pitfalls of such an arrangement.

Every learner in the classes chosen was asked to volunteer to complete the questionnaire and in all four schools all learners in the classes selected did so. When selecting learners for the focus group discussion 10 learners from each class were chosen to participate and it was explained to them that there was no obligation to do so and that they were asked to participate only if they felt comfortable to do so. Five male and five female learners were chosen for each group (except at Summerville High School which is an all girls' school). These learners were chosen at random. Following the focus group discussion, each learner who participated was asked if he/she was willing to

have an individual interview and again the learners were informed that there was no obligation to do so. One learner felt uncomfortable to participate in an individual interview and asked to be excused from this part of the process.

It was discussed with schools as to whether a letter needed to be sent to the participating learners' parents asking their consent (due to the fact that many of them were minors). The principal at one of the schools advised that due to the fact the school had given consent and is *in loco-parentis*, as long as the learners were willing to participate it was not necessary.

3.3 TECHNIQUES OF DATA COLLECTION

3.3.1 Introduction

A topic of this nature where one wants to understand people's experiences in depth brings about questions of validity and verification. In wanting to get a deep understanding of how youth understand risk and make choices about relationships in the context of HIV/AIDS and being aware of the limitations of using one technique for data collection, a multi-method strategy, also known as triangulation, was used for data collection in this study. Triangulation may be described as the use of two or more methods of data collection in a study (Babbie et al, 2001). Bogdan and Biklen, (1992) suggest that it has been observed that as research methods act as filters through which the environment is selectively experienced, they are never neutral in representing the world of experience. Exclusive reliance on one method may bias or distort the researcher's picture of a particular slice of reality he/she is investigating. Triangulation is useful, therefore, for validating observational data and should overcome any personal biases and deficiencies that flow from one investigator or method (Denzin, 1989). Babbie et. al. (2001) consider triangulating data one of the best ways to enhance validity and reliability in qualitative research. The triangulated data emanated from interviews, focus groups and questionnaires as I will explain below.

The table below shows the methods of data collection used for this study and how the sample (described in 3.2 above) fitted the appropriate methods.

Table 2: Sample and Methods of Data Collection

PHASE	SAMPLE	DATA COLLECTION METHOD	TYPE
1 ST STAGE	FOUR CLASSES OF GRADE 10 LEARNERS	QUESTIONNAIRE	STRUCTURED
2 ND STAGE	FOUR GROUPS OF 10 LEARNERS	FOCUS GROUP DISCUSSION	SEMI- STRUCTURED
3 RD STAGE	29 LEARNERS	INDIVIDUAL INTERVIEWS	SEMI- STRUCTURED

These methods of data collection were used for the reasons articulated above. Another reason for using a multi-method approach was because researching around the topic of risk, relationships and HIV/AIDS involved having discussions about subjects often not discussed openly and in many cases seen as forbidden to be spoken about at all. Using different strategies to access information meant that it was possible to probe informants at various stages in the research while at the same time building a relationship of trust with them.

3.3.2 Methods of Data Collection

Three forms of data collection were used which included questionnaires, interviews and focus groups. The research was carried out sequentially, with the questionnaire being the first instrument used and the interviews the last. The questionnaire was administered to the entire selected class, the focus group to four groups of ten and the individual interviews to twenty nine informants. This was done for reasons I elaborate on below.

Questionnaires

Questionnaires can be in many forms; a Likert scale, open and closed. They are different in that their purpose and what they hope to achieve varies depending on the nature of the research being conducted. A closed format was used as all the questions are structured.

This meant that the data was consistent and it gave the same information about the demographics of the learners, their knowledge, attitudes and behaviours in an HIV/AIDS context. The purpose of the closed questionnaire was to gain an understanding about the demographics of each learner in each school and more importantly to ask knowledge, attitude and behaviour related questions about HIV/AIDS. The reason for the questionnaire was to see what children knew about HIV/AIDS. This was to give a better understanding as to whether the playground comments referred to in Chapter 1 were unique to that school or if young people today had similar view points in a range of schools.

I adapted Mitchell's questionnaire (1994) to suit the purpose of my study. The questionnaire was made up of four short sections (See Appendix I), Part A established the demographics of the learners. Part B asked questions related to the learners' knowledge of HIV/AIDS. Part C focused on the learners' attitudes towards HIV/AIDS and Part D on risk and behaviour. The results of this four part questionnaire were used descriptively and not statistically and they helped to highlight the fact that the playground comments referred to in Chapter 1 were probably more widely spread than just in the school from where they came. It therefore gave impetus to the study showing that it was worthwhile investigating youths' knowledge, attitudes and behaviour towards HIV/AIDS further.

When compiling the questionnaire, I tried to avoid leading questions, highbrow and complex questions, questions that used negative or irritating language as well as open ended questions (Bogdan and Biklen, 1992:106). For example, while structuring the questionnaire, I continually asked myself questions such as, "Is this question really necessary? How many questions do I need on this topic so as to ensure triangulation? Is the question biased or loaded? Will the respondent be tempted to give false response? Can the question be misunderstood or misinterpreted? Are the codes used user-friendly? Can I ask this question in a better way? Would more personalised wording of the question produce better results?" I also considered the font

design, text size, what the questionnaire looked like, layout, design and tick boxes size and clarity to make it as user friendly and easy as possible for the learners to complete.

All the learners in the four classes chosen completed a questionnaire. I administered the questionnaire and the respondents were asked to complete the questionnaires individually. This method was appropriate in the study as I was dealing with Grade 10 learners who could all read and write. Babbie and Mouton (2004) maintain that the self-administered questionnaires are appropriate when the population under study is adequately literate.

The questionnaire took about an hour on average to complete. I was present at all times to answer any questions and facilitate the process. The presence of the researcher was important because, as Babbie and Mouton (2004) argues, the researcher can serve as a guard against confusing questionnaire items and can offer clarification and therefore obtain relevant responses. He adds that this would also decrease the number of 'don't know' and 'no' answers. In the case where language was a problem, teachers, as already described earlier, were at hand to assist learners whose mother tongue was not English.

Focus Group Discussions

Focus group discussions take place in different forms; they can be structured or un-structured. Structured focus group discussions refer to a situation in which an interviewer asks a series of pre-established questions to the group. Un-structured focus group discussions are less rigid in that they allow a greater depth of conversation and are used in an attempt to understand individual group members' perspectives on the topic. It provides an open, unthreatening environment for conversation (Denzin and Lincoln, 1998). I used un-structured focus group discussions as this enabled me to have free conversation with the informants and yet focus on the topic in question. This allowed the informants to talk openly and freely in the group, debating and agreeing on things in an informal unthreatening environment.

All learners who completed a questionnaire were asked to volunteer to take part in the focus group discussion, with the knowledge that the topic for discussion would be about risk, relationships and HIV/AIDS. In all four schools the majority of the learners volunteered to participate and I therefore had to randomly select the group as I could not facilitate a group of more than 10 learners. This I did by referring to the answers given in the questionnaires. Learners were chosen to ensure a mixture of gender, race, age, and socio-economic backgrounds with the view to ensuring a range of views would be captured. These demographics were intended to be as varied as possible so as to give the best possible representation of the school's Grade 10 learners as possible. The final selection included 10 learners from each school, giving a total of 40 learners, to participate in the focus group discussion.

The purpose of the focus group discussion was to explore a set of specific issues, understandings and viewpoints regarding conceptions or perspectives and experiences of risk, their understandings of HIV/AIDS and how they make relationship choices. Each group watched a short video clip which introduced the topic and opened up conversations about HIV/AIDS, relationships, risk and condom use. The video also offered an easy comfortable opening to the topic allowing the learners to begin the discussion by talking about the video rather than having to begin by talking about themselves. The discussion focus groups took place at each school, in a given venue, in the following way. A video, 'The Moment' was shown to the learners. The 8-minute video is one in a series of 13 videos⁵ made specifically for educating the population about HIV/AIDS in a South African context. The characters in the video are of varying ages and race groups. The video speaks very openly about relationships from the point of meeting people, feeling attracted to someone, holding hands right through to sexual intercourse. It also discusses issues around relationships and condom use openly and explicitly. Through using this video, I hoped that it would offer opportunity for learners to engage in open discussions about relationships,

⁵ Steps Short Films; "The Moment" by Siyabonga Makhatini (www.steps.co.za)

risk and choice. It served as the entrée for the ensuing discussion.

After watching the video I facilitated the focus group discussion and asked the learners questions about and related to the video as well as questions related to the answers they gave in the questionnaires, ensuring at all times that the participants had equal opportunities to contribute to the conversation (see Appendix II). The participants were given time to exchange anecdotes and opinions about the video and comment on each other's experiences and points of view. In asking such questions about the video, I hoped to elicit the learners' own perceptions of the disease and gain an understanding about their attitudes towards HIV/AIDS risk and how they make choices about relationships based on their conceptions of risk.

The focus group discussions lasted between 60 and 90 minutes. Discussions were tape-recorded with permission from the informants. The size of the groups allowed for easy facilitation and for participation by each informant as it gave them each time to express their opinions and view points. As the discussion group went along, the informants started relating the video to their own experiences, opinions and feelings. At this point I realised that the informants were beginning to feel comfortable about speaking openly about HIV/AIDS, relationships and related topics and I began asking them more personal questions looking for an 'I' response. In all discussion groups the informants responded to this switch in questioning well and spoke openly about their own perceptions, understandings and experiences.

The focus group discussions allowed me to explore the learners' experiences, opinions, wishes and concerns, providing me with evidence about similarities and differences in their opinions and experiences of risk and relationships. It also allowed the participants to generate their own questions and develop opinions and understandings about how they actually perceive risk and go about entering into relationships, before their individual interviews.

Individual interviews

Interviews are a form of communication, a means of extracting differing forms of information from individuals in groups. The interactive nature of their practice means that interviewing is a highly flexible yet somewhat unpredictable form of social research (Seale, 2004). Individual interviews allow the researcher to gain insights into individual perspectives about phenomena under study. It is particularly useful for ascertaining respondents' thoughts, perceptions, feelings and retrospective accounts of events (Goodwin and Goodwin, 1996:134). I therefore used individual interviews to help triangulate and enrich the data and allow for opportunity to have more detailed conversations with individual informants.

I conducted and facilitated the individual interviews. The focus of the interview was to gain an understanding of particular individuals' perceptions of risk and making choices about relationships. The interviews were audio-recorded with the informant's permission. According to Fontana and Frey in Denzin and Lincoln 1998, interviews are conversations combining both questioning and listening. They can take place in three major forms; structured, unstructured and open-ended. 'Structured interviews refer to a situation in which an interviewer asks each respondent a series of pre-established questions with a limited set of response categories. There is generally little room for deviation from the questions asked' (Denzin and Lincoln 1998:52). 'Un-structured interviews provide a greater depth of conversation and are used in an attempt to understand the complex behaviour of members of society without imposing any prior categorization that may limit the field of enquiry' (Denzin and Lincoln, 1998: 56). Open-ended interviews have no specific goal in mind. They are generally when an interviewer is seeking to get to know and understand a situation or person and conversation happens freely and openly. I elected to use un-structured interviews where I had certain questions I wanted answered to ensure I did not omit important information and therefore I had prepared an interview schedule as a backup, however I used these questions merely as a prompt if conversation was minimal.

For the most part I tried to encourage the informants to be relaxed as possible and to talk openly about their experiences, beliefs, understandings, fears and knowledge of HIV/AIDS, risk and relationship choices. I felt this was most appropriate for the research as it allowed conversation to flow naturally and did not put the informant on the spot especially since we were talking about a sensitive topic (see Appendix III). The interviews lasted from thirty minutes to an hour each, depending on what the informant had to say.

Individual interviews were conducted in three of the four schools. The reason for this was that the learners at Summerville High School were nearing exam time and the school did not agree to allow the informants to participate in the individual interviews. At Bridgeview, Greenbelt and Meadowrise High Schools, each learner who had participated in the focus group discussion groups was given the option to have an individual interview. It was made clear to the learners that there was no obligation to take part in the interviews and that the content of the discussion would be similar to that of the focus group discussion. Only one learner asked to be excused from this process and her request was respected. Twenty nine out of thirty participants were, therefore, interviewed.

3.4 DATA MANAGEMENT AND ANALYSIS PROCESS

Data analysis in qualitative research is closely tied to data collection and occurs throughout data collection as well as afterwards. I refer to this section as data management as it describes how the data was managed before and during the analysis. In qualitative research the research is an inductive process and it is important to take cognizance of the fact that the topic is multifaceted, with many possible variations on key elements (Goodwin and Goodwin, 1996:143). The aim of data analysis, as argued by Babbie and Mouton (2004), is then to discover patterns among data that point to a theoretical understanding of social life. The way in which the data for each data collection method was managed is described in detail so as to show how patterns emerged.

Questionnaire Data

For this study, data from the questionnaire was analyzed in the first stage of data collection as a tool to help select participants for the focus group discussions where I had too many volunteers. The responses from the questionnaires were not statistically analyzed. They were read through several times so as to get a demographic profile of the cohort under study as well as a sense of what the informants did and did not know about HIV/AIDS as well as to establish what some of their attitudes and behaviours were. By doing this a good idea of the range of understandings that the informants had was established and this gave a picture of the nature of the answers I could possibly expect to hear in the focus group discussions and individual interviews. These findings also helped to select the informants to participate in the focus group discussions and had established an idea of the type of conversations I could expect in the focus group discussion and individual interviews.

Focus Group Discussion

The conversations had in the focus group discussions were recorded on audiotape as mentioned above. These audiotapes were transcribed. In each reading of the transcriptions, patterns emerged about the knowledge the informants either had or didn't have about HIV/AIDS, the types of attitudes they had and the behaviours they undertook. These patterns were noted and taken cognizance of when doing individual interviews as a way to check whether these were the actual understandings of the informants.

Individual Interviews

As with the focus group data, the individual interviews were also recorded and transcribed. In reading these transcripts, particular attention was paid to what was being said by the informants about their knowledge of HIV/AIDS, their attitudes towards the disease and related behaviour. Notes were made about these things while reading the transcripts. From these notes further patterns, trends, similarities and differences were categorised and developed. These categories were used in the final analysis of the data in Chapter 4.

3.5 ETHICS AND CONFIDENTIALITY

Studies of 'sensitive' topics like sexual behaviour and HIV/AIDS raise questions about the kinds of research regarded as permissible in society, the extent to which the researcher may encroach upon people's lives, the problems of ensuring data quality with certain kinds of topics and the ability of the powerful to control the research process. Sensitive research often also has potential effects on the personal life and sometimes on the personal security of the researcher. Researching sensitive topics often involves challenging the taken-for-granted ways of seeing the world and addresses some of society's most pressing social issues and policy questions and therefore raises issues related to ethics, politics and legal aspects of research (Lee, 1993:).

This type of research may impinge more compellingly on the informants due to the nature of the issues being discussed and therefore the researcher needs to be more acutely aware of ethical responsibilities to research participants than would be the case with the study of a more innocuous topic (Lee, 1993). Reliability and validity of data may also be questionable in such research.

I, therefore, used pseudo names for the schools and learners where the research was conducted so as to protect the schools and respondents and to maintain confidentiality and anonymity.

As the researcher doing research with youth and their attitudes towards risk, relationships and HIV/AIDS, it was important for me to be aware of the sensitivity of the topic and the vulnerabilities of talking about such issues with children of this age. I, therefore, had to be continually aware of the nature of the conversations I was having with the informants, the questions I was asking them and the type of answers I was getting in response in order to avoid possible consequences they may have either to the participants or to myself as the researcher. For example I always had to be aware that each

conversation we had, may have been potentially upsetting or offensive to one of the informants. I qualified statements where appropriate so as not to be seen as taking a particular stance or viewpoint at any point. I also had to re-assure informants about confidentiality and the fact that I was there in my role as researcher. I was, therefore not in a position to judge anything what they said. There were times when the conversation diverted from the main reason for my research. In these circumstances, I allowed it to continue so as not to curb the flow of the discussion. For example in one focus group discussion a conversation about one of the informant's parent's addiction took place. While this was not relevant to the research itself, it stemmed from the conversation in the discussion group and it could not just be dismissed. Having said this, it was important to keep in mind the aim of the research at all times so as to avoid unnecessary discussions about issues related to the topic that might have enhanced sensitivity, but in the event something did occur, it would need to be dealt with appropriately.

I also read and adhered to the University of Cape Town's code of ethics for research involving human subjects and ensured that I complied with the guidelines on consent, confidentiality, potential for harm to participants and potential to harm to UCT or other institutions. Specifically, consideration was given to ensuring that participants' identities were preserved by changing the names of the schools used in the study and not referring to individuals' names in the results chapter of the study. Participants were assured that unless they granted permission, names and places would be changed or withheld to protect identities. Further, I needed to guarantee that no information obtained during the course of the research would be discussed with anyone outside the research team and funding agencies without consent. Upon request, results of the project could be made available to all participants.

3.6 ACCOUNTING FOR MYSELF AS A RESEARCHER

In doing qualitative research the researcher's identity and viewpoints can have an impact on the research as much as that of the informants. Being a teacher by profession, I had to be careful not to become the teacher at any point in the

research process and ensure that my role was as a researcher seeking information not imparting information or judging responses. I had to constantly remind myself that my role as the researcher was to find out about youths' knowledge and understanding of HIV/AIDS and risk and that it was not to teach the informants about the pandemic.

The fact that I am a white woman and that I have my own understandings about risk and relationships was another obstacle I had to overcome, not only with my participants, but for myself. I tried at all times to keep my opinions to myself and tell the informants as little as possible about my own experiences and beliefs so as to remain neutral and open to any opinions and possibilities that may come from the learners. As a woman, it was easier for me to talk to the girls about their sexual experiences, beliefs and understandings. The fact that I am white may also have created some boundaries in the individual interviews due to the previous stereotype of white elitism in South Africa. In other words, many of the African students at Meadowrise High School students wanted to hear my opinions before giving their own. I tried to keep the sharing of my opinions as limited as possible.

This dynamic was played out in another way by three male learners at Meadowrise High School and accounting for myself as a white female in a group of African learners played out in a different way. From the first time we met, I made it clear to the informants that I was a researcher and I had come to gather information about their experiences, opinions and knowledge of HIV/AIDS. My femaleness and whiteness became a barrier for these three learners and they began making sexual passes and comments about my being white and female. On one particular occasion I felt threatened by these three boys, who were much larger and stronger than me. The door was closed in the room where we were holding our discussion and I felt unsafe. I went to open the door so that if anything were to happen we were visible from the outside and told the informants it was rather stuffy and I thought we needed air in the room. I had to ensure at the time that the boys in the group

did not sense my fear and unease at the dynamics in the room and that they realised that I was there to conduct research and not to be intimidated by sexual advances and threatening behaviour.

Power relations between myself and my participant's also had to be considered. I ensured that in both the focus group discussions and individual interviews I created an environment where we were equal in the discussion ensuring it was not hierarchical, in any way. I tried to make the informants feel comfortable, always ensuring there were no physical barriers like a table or chair between us and that they felt relaxed and comfortable around me. I tried to make it clear that I was not an adult who had all the answers coming to judge their beliefs, but rather an equal coming to learn from them and try to understand what it is like to be a young person having to make decisions about relationships in an HIV/AIDS risk environment. I also made sure that the language I used was not academic and that I used colloquial phrases and language they understood while addressing them.

I recognise the bias inherent in my own opinions and perceptions about HIV/AIDS, my values versus local values, my own sexual identity, morals, religious beliefs, issues of gender and my own femininity, race, experience and background, validity, interpretation, voice and empowerment. All of these factors may at one time or another have influenced the informants' responses to me. When writing up my data, I took cognizance of these issues.

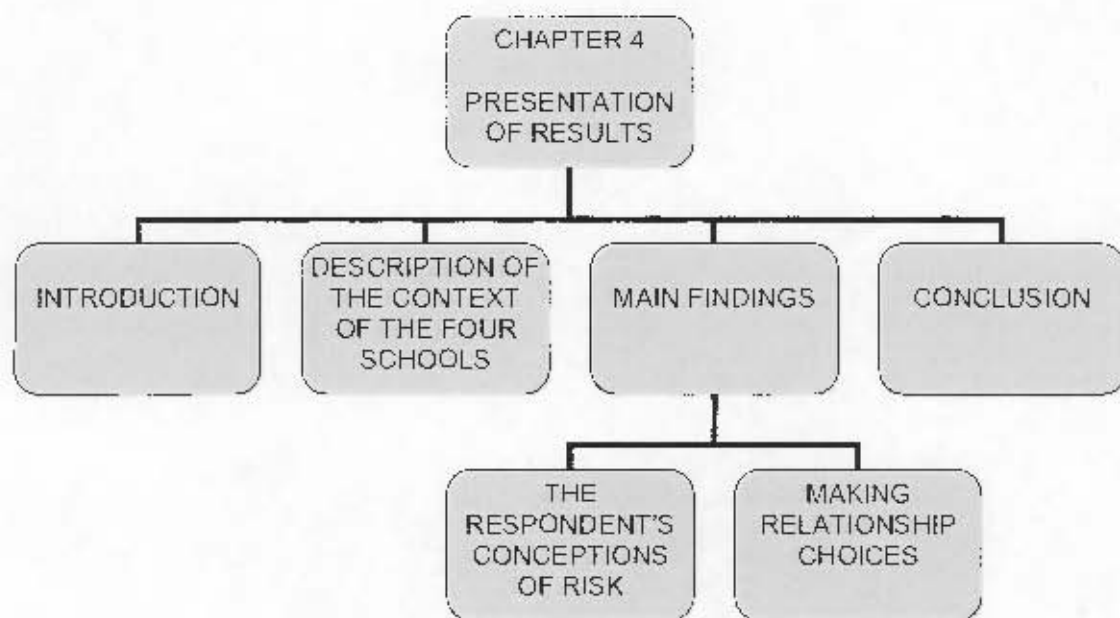
3.7 LIMITATIONS OF STUDY

The most obvious limitation for the research was the fact that my study was only conducted in four high schools in the Western Cape, with a maximum of 50 learners participating in each school. It is therefore not possible to use my findings to generalise about Grade 10 learners and their attitudes towards risk, relationships and HIV/AIDS beyond this ample group.

Having the questionnaire in English and conducting the focus group discussions and individual interviews in English may also have created a particular type of bias as this meant only those learners with a suitable English proficiency level were chosen to participate in the study. I therefore cannot rule out the bias and limitations associated with such a selection process.

The questionnaire, focus groups discussions and individual interviews were conducted in English. It is possible that there were possible misinterpretations in linguistic understandings. I tried as far as possible to overcome this barrier by ensuring that the researcher was in the classroom to answer questions as well as an English teacher who could translate the questions for the learners into their mother tongue. However, there was no way for me to check that the teacher was not adding his/her interpretations to the questions when translating them. I was however aware, that there were questionnaires that I could not use and had to disregard due to the participants' inability to answer the questions accurately.

Due to the sensitivity of the topic, there may have been informants embarrassed to say, feel inappropriate about or answer according to what they thought I wanted to hear, particularly in the individual interviews. However, I hope to have overcome this problem by forming a relationship of trust with the learners in the focus group discussion session by playing a few ice-breakers and discussing the research and the importance of the each learner's role in the ultimate findings. I felt it was also important for me to acknowledge possible unequal distribution of power between myself and the participants. I therefore acknowledged my position as a learner and not an expert to my informants. I tried to impress upon them that although I was an adult and that there was an age difference, I was by no means there to make them feel intimidated, uncomfortable or inhibited to share information. My position as a white female researcher may also have played a role in the nature of the answers I received from the respondents.



CHAPTER 4

PRESENTATION OF RESULTS

4.1 INTRODUCTION

The aim of the study is to examine conditions under which South African youth in the Western Cape make meaning of their lives, cultural and social spaces, and how within such discursive spaces they make choices about relationships in relation to their perceptions of risk. The study aims to examine how the context of HIV influences relationship choices and looks at what experiences youth draw on to make decisions about relationships and sexual action.

In order to obtain the results, I firstly transcribed all the focus group discussions and individual interviews. I then spent much time reading and re-reading the transcribed data and making sense of what the informants had said. Through this process, I was able to identify common trends, similarities and differences in what was being said about the informants lives, cultural and social spaces, how they make choices about relationships and sexual action and their perceptions of risk.

In this Chapter I unpack the complexities of the relationships between how the informants make sense of the world around them, their conceptions of risk and how they make choices, according to their responses and their particular contexts, giving evidence for my findings from the data.

4.2 DESCRIPTION OF THE CONTEXT OF EACH OF THE FOUR SCHOOLS

The data was collected from the following four secondary schools in the Western Cape; Meadowrise High School, Greenbelt High School, Bridgeview High School and Summerville High School. The schools were chosen according to the criteria described in Chapter 3.2.1. I will now give a detailed description of all four schools, commenting on some of my observations about

each school, so as to illustrate the differences in context in which the youth make meaning of their lives, cultural and social spaces. This will help give the reader an understanding of the discursiveness of their contexts and insight into the spaces and conditions from which the learners make meaning of themselves.

Meadowrise High School

Meadowrise High School is a co-educational Secondary School in a township location about 15kms from Cape Town. It was previously part of the Bantu Education Department and has predominantly Xhosa and Afrikaans speaking learners. The majority of the learners come from a low socio-economic background, many of whom are the first in their families to have the opportunity to be educated.

The school has a main building containing the administrative offices a, staffroom, toilets and a few classrooms. The rest of the school is made up of prefabricated buildings around a central courtyard. There is a multipurpose hall, often used as a space for teaching, due to a shortage of classrooms, insufficient teachers and large numbers of pupils unable to be seated in the existing classrooms. On average there were forty to fifty learners per class often having to share desks, chairs and textbooks. The school does however have two newly renovated computer laboratories with new computers, a projector and internet facilities recently donated by an upliftment foundation. However, these rooms are very seldom used as they did not have a skilled, knowledgeable computer teacher and therefore the room is mostly kept locked so that the equipment is not stolen or vandalised. It did however provide a very nice space in which I was able to conduct my research. The school also had a very well used science laboratory with fairly good equipment and an enthusiastic teacher.

The school was run under strict discipline regimes, where the gates were locked after a certain time in the morning and pupils not yet at school were kept out, this was to encourage learners to be on time and to keep 'trouble causers' off the property. The relationship between the teachers and learners was very formal and some of the teachers had strict classroom management techniques where pupils were forbidden to talk unless spoken to. This is, however, a generalisation and not all classes were as strictly managed. At the end of recess, the duty teacher walked around the school with a stick or cane, threatening to use it when trying to 'herd' learners to their next lessons. In between classes and during recess, learners interacted freely with each other as opposed to the silent stilted classroom environment.

The school's academic hours were between 08:00 and 14:00 (13:00 on a Friday). After such time it was very difficult to locate any of the teachers or pupils as they left the property as soon as the final bell went. In fact, many of the pupils left the school property after the first recess. When asking the learners why this was the case, three of the learners said that they only come to school to get their names ticked on the register. They said the school has so many pupils and not enough teachers to keep control over them all, that it is hard for them to keep track of all the pupils and therefore it was easy to 'escape' and beat the system as they were seldom missed.

When asking the learners about their experiences and opinions of the school, many of them thought it was a good school for the area, but said they had problems with trouble causers, 'skollies'⁶ who often disrupted their lessons and made teaching difficult for the teachers. One pupil said that this was why the main school gate was locked most of the time, but they could still jump over the fence to get off the property, as it was broken at the back of the school. Many of the learners said that the facilities had improved over the past few years and that the teachers seemed more committed to their jobs. When asking the learners about their home living conditions and communities, most of the

⁶ A 'skollie' is an Afrikaans term used to describe people who are trouble-some

informants said they lived in one-roomed informal dwellings, with no running water, a shared outside toilet and very few had electricity. In some cases there were up to eleven family members or extended family members living together in a one-roomed 'house'. Some of the pupils also indicated that the area was not safe to live in, especially after dark, and that they often feel scared living there. Most of the learners walked to school, many long distances and a few came to school by mini-bus taxi.

Greenbelt High School

Greenbelt High School is an English Medium co-educational Secondary School in a predominantly Muslim community. The majority of the pupils and teachers are "coloured" and although it is an English medium school, many of the learners speak Afrikaans as their mother tongue. In general it draws children from both a low to middle class socio-economic background.

The school has brick buildings, mostly in good condition. Class sizes are approximately thirty learners, each of whom has a desk and a chair but often they have to share textbooks. From my observations the learners seemed happy and interacted freely with each other having interesting conversations and debates during class. The relationship with their teachers was less formal than at school Meadowrise, yet respectful. The school had much better facilities than Meadowrise, with a well utilised computer laboratory, library and sciences laboratories. The school also had a sports field and learners were involved in many activities beyond the curriculum such as debating, sports, choir and other community based projects and activities.

When speaking to the learners about their homes and community, it became clear that most of them lived in the surrounding suburbs in homes or flats with their parents, family or extended family members. All except 3 of the learners had their own bedrooms and the other three shared with a brother or a sister. Most of the pupils walked to school or came by mini-bus taxi and some were dropped off by their parents on their way to work. They said their communities were fairly safe during the day, but at night they had to be

careful and they were advised not to wonder the streets unaccompanied.

Bridgeview High School

Bridgeview High School is a former Model C co-educational Secondary School. It is a dual medium school with learners able to take classes in either English or Afrikaans depending on their mother tongue. The school draws pupils from a range of socio-economic backgrounds, however the majority of learners are 'middle class'.

The school is larger than Greenbelt High School with slightly better, more modern and well looked after facilities many of which were being up-graded at the time of the research. It had many sports facilities, a large school hall, computer lab, science labs, music rooms etc. The class sizes were on average 35 pupils per class, each of whom had a desk, chair and his/her own text books. The pupils interacted freely with one another in class and the relationship with the teachers was similar to that of Greenbelt High School, possibly a little less formal, yet still respectful. The learners participated in many activities beyond the school curriculum, such as sports, choir and debating.

When speaking to the learners about their homes and communities, most of them came from the surrounding suburbs many travelling to school by bicycle, scooter or being dropped off by their parents. All of the pupils I interviewed lived with one or both of their parents and family members, mostly in a house or duplex with some sort of a garden. They felt that their community was reasonably safe, possibly with the exception of after dark.

Summerville High School

Summerville High School is an all girls, Anglican, English Medium, Independent School in Cape Town. It draws children from a predominantly middle to upper class background, however it offers scholarships and bursaries to previously disadvantaged students, therefore there are also learners from very poor backgrounds in the school. It also has a boarding house and draws learners from over twenty different countries. It is therefore culturally very rich and diverse.

The school has very good facilities for academic, cultural and sporting purposes. The class size maximum is twenty five learners per class, each has a desk, chair and her own text books, as well as many other teaching aids.

The learners interact freely with each other as well as with the teachers during class, often in a relaxed, yet productive and respectful manner. The learners are involved in many activities beyond the curriculum with opportunities to travel, be entrepreneurs and be involved in community partnership programmes.

When speaking to the learners about their homes and communities the range of answers were very diverse due to the fact that they came from so many different countries and backgrounds, however all the pupils lived with family members (boarders included when they return home for holidays) and the majority of the pupils were from very wealthy backgrounds living in large, modern homes, being dropped off at school in cars by their parents.

The descriptions of the four schools above, gives one an understanding of the contexts within which the learners operate and make meaning of their lives. As is evident from the description, all four of the schools are different in many ways and therefore it is important to take note of these differences (as well as

the similarities) when understanding the data and making meaning of the data. I will now present the main findings from the data.

4.3 MAIN FINDINGS

The data is presented according to the following two headings; The Respondents Conceptions of Risk and Making Relationship Choices. These headings were chosen in order to allow for in-depth descriptions of the findings, according to the trends that emerged while analysing the data.

4.3.1 THE RESPONDENTS CONCEPTIONS OF RISK

a) HOW DO THE INFORMANTS DEFINE RISK?

There were some general patterns as to how the respondents conceived risk irrespective on their gender, race or location. The informants defined risk according to their chances of falling pregnant, being in an accident, getting HIV or a sexually transmitted disease. Here are some of the examples given by informants. A female informant from Bridgeview High School said, 'Risk is how likely you are to fall pregnant.' A male informant from Greenbelt High School said, 'Risk is the chances people have of something bad happening to them, like a car accident or a drug overdose.' An informant from Summerville High School said, 'Risk can refer to many things like someone's likelihood of getting HIV, falling pregnant or being in an accident.'

In most cases, they saw these categories as being outside of themselves and problematic only for others. For example, most of the informants referred to risk in the third person using words such as other, them, people and someone. It can therefore be said that the majority of the respondents held views of invincibility and that they mainly thought they themselves were not at risk.

However it was evident that out of the four schools the informants from Meadowrise High School, where many of them had had a family member or friend affected or infected by the disease, thought that their chances of getting the disease were slightly higher than people living in more urban, wealthy areas where the living conditions were better. Seven out of the ten learners from Summerville High School thought they were least likely to be at risk and that the people living in poorer areas, with less education and poor access to good medical care would be at higher risk. However, some of the learners in the same school disagreed with her. One informant said,

‘AIDS, car accidents, sexually transmitted diseases and such things do not discriminate like people do. We are all equally at risk and it is often the choices we make that put us at risk rather than where we live.’

The informants also defined risk according to degrees of risk. In other words, what they feared most and felt they were most at risk of. In all four schools, there was definitely more of a fear of becoming pregnant or impregnating a girl, in the case of the male informants, than there was of contracting HIV or a sexually transmitted disease. To quote, ‘I am far more afraid of falling pregnant than getting HIV. HIV is uncommon in my community, whereas pregnancy can easily happen.’ Not only did the informants see pregnancy as a greater risk, but they saw the possibilities of pregnancy as being far more possible than contracting a sexually transmitted disease or HIV.

Finally, one other factor that came into conversation when talking about risk, was that of knowing ones status. All except five of the informants said they would be anxious about having an HIV test even if they knew they had nothing to worry about. Here the use of the word ‘knew’ is interesting, as it implies that they know they have nothing to worry about. One informant said, ‘I’d rather be ‘status free’ than know I may have HIV.

If I don't know my status I can say I am negative!' This attitude speaks volumes about these youth's conceptions and perceptions of risk, as denying one's status is to deny one is at risk and that one could be putting others at risk too.

b) INVINCIBILITY VERSES VULNERABILITY

There seemed to be some general patterns as to how the respondents conceived risk irrespective of their gender, race or location. The majority of the respondents held views of invincibility and they mainly thought that they were not at risk. There were however nodes of difference and these related directly to individual differences and contexts such as class, religious inclination, family background, geographic location and personality. I will expand on these categories below.

In both the focus group discussions and the individual interviews, there was a sense of invincibility among most of the learners in all four schools. There was a resounding attitude that to quote, 'It (HIV/AIDS) will never happen to me'. There was no real sense of fear of HIV/AIDS even in those communities where the learners had family members who were infected or had even lost family members due to the disease. Surprisingly there was still a sense that it would never happen to them. One learner at Summerville High School said, 'Even when I am drunk I know what I am doing and I always feel in control.'

Another opinion that came from most of the learners with little or no experience or exposure to the disease was that until they have experience of the disease they will not fear or be weary of it. An informant from Summerville High School said, 'Nobody I know personally or hang around with has the disease, therefore how could I get it?'

This once again shows this informant's sense of invincibility and lack of fear of being at risk. In her opinion, HIV is still a disease 'out there' and not within her community. An informant from Bridgeview High School said,

'They must stop showing us poor, starving sick black people. Show us our own people dying and then we'll maybe change our attitudes and behaviour. What have we got to be scared of, when the only people we hear about with the disease are of a different race and from a different area?'

The informants' attitudes towards condom use also varied enormously, but were fairly community specific. However, it became clear that a sense of invincibility resulted in the informants not seeing the need to use condoms, or they did not want to use them due to a cultural belief. In cases where informants felt that condom use was important, the main reason for their use was as protection against pregnancy rather than a fear of getting HIV or an STD. Not one of the informants responded that condom use was first and foremost for the prevention of HIV/AIDS; this was always an after thought. An informant from Bridgeview High School said, 'Girls and boys are scared of pregnancy and what other people may think, HIV/AIDS often does not even enter their thoughts.' An informant from Greenbelt High School said the following, 'People are far more concerned about falling pregnant than getting AIDS. The problem is that they know they can always go to the chemist and get the 'morning after pill' to prevent pregnancy and therefore the necessity for condom use, often falls away.' Both these statements show an attitude of invincibility towards HIV/AIDS and a lack of need for condom use.

Some of the informants, particularly at Meadowrise High School also had negative beliefs about using condoms due to their cultural beliefs. They were therefore prepared to enter into high risk sexual behaviour rather than protecting themselves.

For example, at Meadowrise High School, all the boys as well as most of the girls had the belief that, to quote, 'Sex is not sex if you use a condom.' Almost all the informants at Meadowrise High School also said, 'Sex needs to be skin on skin to be enjoyable.'

These beliefs are deeply embedded cultural understandings about the use of condoms and therefore override any fear of risk and feed into the culture of invincibility. The Xhosa learners at Meadowrise High School added, 'If a boy uses a condom it makes you less of a 'man' and that is seen as being very important.' One of the Meadowrise High School informants said, 'Many people do not like using condoms as it (sex) just doesn't feel the same!' A female informant from Meadowrise High School said, 'Condoms take away from 'the moment', they are inconvenient, they smell funny and I hate using them. I have, in fact, only used one once!' A male informant also from Meadowrise High School said, 'Loosing your virginity makes you a man and that once you have had sex, you are no longer a boy.' He went on to say, 'In order to be a real man, it must be sex without a condom.' Another male informant from Meadowrise High School said,

'Having a child shows ones' manliness and that you are fertile, therefore condom use is not an option for me as how then can I make my girlfriend pregnant to prove my manliness?'

Finally another male informant from Meadowrise High School said, 'When I see a beautiful lady, all I think about is having sex and making a baby, the last thing on my mind is HIV/AIDS.'

For these informants and many others, condom use is not a viable option for the above mentioned reasons, suggesting that a sense of invincibility overrides the risk and fear of contracting HIV or other sexually transmitted diseases.

A sense of invincibility also overrides and 'justifies' some of the other reasons many of the informants were reluctant and apathetic towards the use of condoms. Again these reasons were fairly context specific. Learners from both Greenbelt and Meadowrise High Schools said that condoms were freely available and you can get/buy condoms from the library, community centre and local clinic. However in these two schools often cultural or religious beliefs prevented the learners from using them. One informant from Greenbelt High School said,

'You can just go to the clinic, library or community centre and take condoms for free, the problem is that in my religion we are not supposed to use condoms.'⁷

In both the Bridgeview and Summerville High School communities there was also a sense of invincibility and therefore a lack of condom use, but for different reasons. Their sense of invincibility overrode the learners 'excuses' for not using condoms. For these learners it was easier to have the attitude that they are invincible, rather than have to use condoms for the following reasons. The informants complained that condoms were expensive and not freely available in their area. One informant from Summerville High School said,

'I know that in the less fortunate areas they hand out condoms for free, but here where we live they do not. We have to buy them from the local shop. They are expensive and it is embarrassing.'

An informant from Bridgeview High School said, 'Using condoms while having sex makes sex an 'expensive habit'.

⁷ This statement is interesting as according to the same informants religion sexual intercourse before marriage is also forbidden.

Some of the learners also said that they were often too embarrassed to buy condoms. One informant from Summerville High School said, 'What if I bump into someone I know in the shops while buying condoms, like one of my mother's friends or a teacher?'

In general the majority of the learners felt that their chances of contracting HIV or an STD was so small, that they would rather not use condoms than have the embarrassment and expense of buying them. All of the above evidence shows the learners' sense of invincibility is greater than their conceptions of risk and fear of the disease. Otherwise they would use condoms despite the embarrassment of purchasing them, their odour, inconvenience and cultural/religious beliefs.

Another cultural belief that prevented some of the learners from using condoms and promoted their sense of invincibility was the belief that you could not get AIDS from a virgin. Therefore condom use with a virgin was not important. Two of the male informants from Meadowrise High School, also had the belief that if you do not have sexual intercourse for 7 months you once again become a virgin and in this case, condom use is once again not necessary. One of these informants also said,

'If you drink the left breast milk of your mother, you can get cured from AIDS. Otherwise you can just go and see a Sangoma (African Traditional Healer). They can cure you.'

There was however one informant from Summerville High School who felt differently and did not have the same sense of invincibility. She said,

'I think one of the scary things is, that people forget that condom use is not about only pregnancy and AIDS, what about all the other sexually transmitted diseases that people don't seem to talk about?'

This girl was the only girl out of all twenty nine informants that ever mentioned STD's (sexually transmitted diseases). She also said,

'I think people will only be scared of AIDS in about 20 years time, when they actually see what it is doing to our people and more so the effects it is having on our country and its economy. We need to see the effects of HIV/AIDS, like we do with pregnancy when one of our friends falls pregnant.'

A different informant from Summerville High School said, 'I know AIDS must exist in my community, but people hide it and carry on as normal, so it is difficult to believe.' A third informant said, 'I'm sure AIDS must exist in this community, but I have never been directly exposed to it.' A fourth informant made this comment. 'No, I don't think AIDS is a problem in my community, so we have nothing to worry about. It is only those people who live out there who need to worry at this point.'

These statements show that even within the same community there are different opinions about the existence of HIV/AIDS, but the general feeling is that it is not yet present or problematic in the Summerville School Community and therefore there is nothing to worry about. Once again, these students seemed invincible.

The data shows that the attitudes of most of the youth in all four of the schools is that of invincibility and that they do not think that they are at any particular risk of contracting HIV. In the Bridgeview, Greenbelt and Summerville communities, the learners felt that HIV/AIDS was not necessarily a problem. They suggested that yes, there may be people living in their communities with the disease, but very few. The Meadowrise High School informants seemed to have more experience of the disease and more of an awareness of the existence of the disease in their communities, yet mostly they still did not

seem to fear the disease or consider themselves as vulnerable or at risk. In general, their cultural beliefs superseded any fears they may have had. It was therefore important to find out who the informants did consider to be vulnerable and at risk.

These are some of the statements made by the informants about who they think are vulnerable and at risk. An informant from Bridgeview High School said, 'Babies of HIV positive breastfeeding mothers are vulnerable.' A boy from Meadowrise High School said, 'People living with people who are HIV positive are at risk.' A girl from Greenbelt High School said, 'We are all at risk, but it is often difficult to see and realise it.' A different girl from Greenbelt High School said, 'People in the poorer areas with little education are at risk far more than us.' A boy from Meadowrise High School said, 'People who get raped often become HIV positive.' One of the female informants from Summerville High School said, 'Sometimes children who get sexually abused get the virus.' She then went on to say, 'I have heard that some people get AIDS from blood transfusions too.'

In all these statements the informants are putting their perceptions about vulnerability and risk onto other people and 'out there'. Very few of them saw themselves as being vulnerable and mentioned that high risk behaviour such as unprotected sex and the influence of alcohol and drugs can obscure one's natural decision making and result in making oneself vulnerable. For the most part, youth according to the data, perceive vulnerability as belonging to others rather than themselves. There was a sense that they are in control of their own lives and that nothing could happen to them.

In conclusion, the above discussions and representations of the data indicate that differences in conceptions of risk and vulnerability are often shown through race, gender, class, religious inclination, social and economic status, geographic location as well as individual experience, belief and personality. In other words, conceptions of risk were very much context related and specific.

However the attitude of invincibility seemed pretty much set for most of the informants regardless of the above factors. The presence of AIDS in one's community does not seem to be transparent enough and the effects of this is that youth do not fully see it's existence and therefore feel that it is nothing to be afraid of or feared. Youth according to the data, still feel HIV/AIDS is a disease 'out there'.

4.3.2 MAKING RELATIONSHIP CHOICES

a) WHAT INFORMS THE INFORMANTS' UNDERSTANDINGS OF THE WORLD AROUND THEM AND HOW DO THEY MAKE CHOICES WITHIN IT?

It became evident through the data that there are many things that inform and are closely linked to the nature of choices the informants make. I will expand on and mention the ones that were most common amongst all the informants, such as family, peers, education, the media and religion. All of these things have an influence in informing the choices the respondents make. They also show the multiplicity and complexity of the contexts of which youth have to make sense, in order to make choices and therefore highlight the fact that youth are faced with multiple choices, often resulting in choice making being complicated and difficult.

FAMILY

Families play a large role in informing how youth construct and shape their environments and make choices within these discursive spaces. The conversations or lack of conversation in the homes shape and inform the respondents' values and morals. They inform how youth make sense of and understand the world around them, the differences between right and wrong and what is acceptable and unacceptable. These criteria differ between families and more so in different communities due to religious inclinations, cultural understandings and socio-economic circumstances.

When discussing how family inform youth's conceptions of the world and how this influences how they make choices, it became clear that although many of the informant's answers were similar, they were fairly community specific. For example, most of the Bridgeview High School learners said that they sometimes talk to their parents about their communities, the world around them, dangers and risks related to relationships, drinking and drugs. Only one of the girls said she could talk openly to her mother about sex and all the others said it was a subject spoken about only with their friends. The learners at Greenbelt High School felt that their parents and families beliefs, values and morals had a large influence in shaping how they saw and interpreted the world around them. One female respondent from Greenbelt High School said,

'I really respect my parents beliefs and I want to follow their ways and do what I know they think is right. I would hate to disappoint them by falling pregnant or getting HIV.'

One of the boys in the focus group discussion said,

'Although I am probably the most rebellious student in this group, I still know in my heart what is right and do my best to hide anything I do that is bad from my family.'

Although some of the learners at Meadowrise High School did not live with their immediate family members and often lived under difficult circumstances, they considered the people they lived with as 'family'. It became clear through our conversations that 'family' was also very influential in shaping their environments and informing the beliefs around which the learners base their choices. For example, one of the female respondents from Meadowrise High School said,

'In my culture and family the subject of sex and relationships is often not spoken about, but we live in such a small house with so many people that we see sex all the time. We don't need to speak about it. We learn about relationships and what is okay though watching others.'

In this case the informant's choices were informed by her family through their actions rather than conversations. Another informant from Meadowrise High School said,

'I sometimes talk about my relationships, alcohol and drugs with my mother, as my father does things to hurt her when he is drunk and she doesn't want me to do the same to my girlfriends.'

One of the girls in the group said,

'Teenage pregnancy is normal, common and perfectly acceptable. If I fell pregnant now, my mother would be so happy to know that she was going to be a grandmother.'

Three of the boys in the same group said that in their families it is understood that until you have children you are not 'a man' therefore, impregnating a girl was a 'right of passage.' Being sexually active a macho, acceptable practice leading to being accepted by other men in the family and community. One of the girls responded to this by saying, 'Sex is normal in our community; we may not speak about it with our parents and families, but we see it with our eyes.'

Constructions therefore of what is right and acceptable about relationships and sex in many of the homes of the Meadowrise High School community, were based not so much on conversations within the family, but observations and actions around the home.

The attitude of the learners from Summerville High School towards how their families influenced and informed how they make meaning in their lives and the choices they make, was yet again different. Most of the learners felt that although they often rebel against their families' notions of the world and what is right and wrong, in their hearts they know that ultimately that is the lens from which they view, understand and make choices about the world around them. Out of a group of ten, six of the informants came from divorced families of which most of their parents had had other relationships; three of the parents currently live with their partners, but only one had re-married. It became clear through the learners' conversations about their parents' life-style choices, that they base their constructions on how they make meaning and how they understand relationships, pre-marital sex and marriage according to these criteria. For example, one informant said,

'I will never get married. It just causes hurt, anger and pain. My parents are divorced, they have both been re-married and that hasn't worked either. My dad has one girlfriend after the next. What is the point?'

Another informant from Summerville High School said that her parents are Christians and they believe in no sex before marriage. She said, 'I am not sure if I can wait that long, but I will do my best to respect this Christian belief.' A third learner in the group said a similar thing about alcohol, 'In my religion, drinking alcohol is forbidden. No one in my family drinks. I have tried alcohol once and I will never drink again.'

In contrast to these statements one learner from Greenbelt High School said, 'We all know what our parents think about right and wrong. We also know what makes them angry, but at this stage in my life, I don't care what my parents think. If I want to drink, smoke and have sex they can say what they like. They can't stop me.'

It is evident from the above statements that the family, to a large extent, informs the way in which youth understand the world around them and many of the choices they make. Sometimes they make choices against their parents' or families' wishes; however, they are aware of doing so. Therefore it can be said that families inform youth's choice making in one way or another.

PEERS

To what extent do peers inform how youth make meaning and choices in the environments around them. All of the informants in all four schools admitted that what their peers think and say has an influence on the way they think about certain matters and on the decisions they make. Besides one girl at Bridgeview High School, all the informants agreed that it was easier to talk to their peers and friends about matters that concerned them, especially when related to relationships, alcohol, drugs and sex. They also agreed that many of their constructions and understandings about these subjects come from the conversations they have with their friends and peers. For example one male learner at Greenbelt High School said, 'The first time I heard about a blowjob was from one of the boys in my rugby team.' A girl from Bridgeview High School said,

'Every Monday at lunch break, I talk to my friends about what they did over the weekend. It mostly involves talking about parties and guys. Sometimes we talk about what we do with our boyfriends too.'

A boy from Meadowrise high school said, 'When I am with my guy friends all we talk about is sex.' These comments show how peers inform and shape the attitudes of youth and how they then inform youths' choices, based on how they measure themselves against their peers.

The subject of peer pressure was discussed both in the focus group discussions and individual interviews. The informants' opinions about the subject differed hugely, however they were not community, gender or race specific. Some of the informants felt that peer pressure was a big issue and that there was a lot of pressure on them to be 'cool', to be 'streetwise' and to experiment with alcohol, drugs and sex. Other informants felt that peer pressure was exaggerated and that there was very little. One girl from Greenbelt High School said, 'The only pressure 'out there' is the pressure we put on ourselves.'

Six other informants, all from different schools, felt that peer pressure was about individual choice and if you feel pressurised you are allowing it to happen to yourself. Another factor about peer pressure that came through the data very strongly in the individual interviews, was that the little bit of peer pressure experienced is normally from the opposite sex. Interestingly, the boys said they felt pressurised by the girls and the girls said they felt pressurised by the boys. For example, a boy from Greenbelt High School said,

'I don't care what the boys think as we are friends and tease each other all the time anyway, but the girls, they have big mouths and they can ruin your reputation very quickly if you are not careful to do what they want.'

A girl from Bridgeview High School made a similar comment. She said, 'I always feel pressurised by the boys. I know if I don't do what they do, I will no longer be included in the group.'

It became evident from the data that the use of alcohol and drugs is rife in all four of these schools. I base this statement on stories and accounts given by the learners in the focus group discussions and individual interviews. At Bridgeview and Summerville High Schools particularly, it became clear that excessive drinking at parties was not seen as being abnormal, but to quote one girl from Summerville High School, 'It's just what we do.'

Everyone does it, it is normal. When we get together with our friends over the weekend, we drink.'

There was an overall attitude from many learners in all four schools that drinking alcohol, smoking cigarettes and even in some cases smoking 'weed' was perfectly acceptable behaviour. There were a few informants who said they did not partake in such activities, but they were therefore excluded from the 'in crowd' and they knew they were in the minority. One girl from Greenbelt High School said,

'I just don't like that behaviour, it is not for me. Sometimes I feel left out and that I am the only one not drinking, smoking, taking drugs and having sex, but all these things scare me.'

It is clear here that peers are generally very influential in informing and constructing the environments in which youth operate in and the decisions they make.

EDUCATION

Life is about education. This we learn in all contexts. However, in this situation, I am referring to how the education youth receive at school, informs how they make meaningful choices.

Taking into account that South Africa is undergoing various transitions which impact directly on the lives of young people, for example the emergence of compulsory schooling for youth, acknowledges that the schooling environment is important for youth to acquire knowledge and life skills that equip them to make informed decisions ultimately reducing morbidity and mortality arising from risky behaviour patterns (Paruk et al., 2005). One would assume that the implementation of education programmes, such as this, would be having an affect, yet statistics show that they have not yet been successful.

When asking my informants about the nature of the education programmes in their schools and how they informed the choices they make, they responded in the following ways. An informant from Meadowrise High School said,

'HIV/AIDS education is a waste of time in my school as the teacher does not know what he is talking about and often avoids answering embarrassing questions.'

An informant from Greenbelt High School said,

'Every year the HIV/AIDS classes are the same. We get given a project to do. All people do is they go to the local clinic, get some pamphlets and stick them on a piece of card. They don't even bother to read them. The teacher then sticks the projects up on the classroom wall, but no-one really looks at them. What sort of learning is that?'

The reality of the situation, according to the informants, is that teachers in the four schools chosen for this research, do not stick rigidly to the curriculum and teach as prescribed. Learners in two of the schools said that they only had LO (Life Orientation) classes in Grades 8 and 9 and that is was in blocks throughout the year. One informant said, 'HIV/AIDS was touched on and we were given a few pamphlets and had a brief discussion about the topic and then moved on to other life-style issues.'

One learner commented on the fact that teachers are far more comfortable teaching and talking about drugs, alcohol and environmental issues rather than relationships, sex and HIV/AIDS. Five of the informants even went so far as to suggest that either the teachers were too embarrassed, but in more severe cases, did not have the knowledge and facts about HIV/AIDS themselves and therefore chose to gloss over the topic.

In Bridgeview and Greenbelt High Schools many of the learners felt that LO (Life Orientation) should be taught beyond Grades 8 and 9. Up to this point LO has only been a compulsory subject and many of the learners felt that they needed continued LO classes so as to be able to address the ever changing issues they face regarding relationships, alcohol and family problems. However, the opinion of other learners differed, particularly at Summerville High School. One learner from Summerville High School said, 'I am sick to death of hearing about HIV/AIDS. We have had it 'shoved' down own throats since we were in Grade 4.' Another learner at the same school said,

'Just the words HIV or AIDS make me pull down the shutters and switch off. I see the rest of the class as a free period, to sleep, day dream and catch up with myself. I am so sick of hearing about AIDS.'

Many of the informants in the focus group discussion agreed with this statement. It became evident that some of the learners were of the opinion that they have too much education about HIV/AIDS at primary school and were saturated by the topic. One girl from Greenbelt High School said,

'In primary school we were taught about HIV all the time. We were not taught about the sexual transmission of the disease, but that everyone is equal, we must not discriminate and that if someone falls in the play ground not to help them if there is blood unless you are wearing gloves, but rather to call a teacher. It was AIDS, AIDS, AIDS.'

When asking the informants what type of education would be effective, since what they are receiving at school is either too little or too much depending on the school and the attitudes of the individual learners, the informants had the following type of responses.

Six of the informants, at least one from each school, suggested in the individual interviews that the only way to educate high school learners about AIDS is to shock them. Two informants, one from Bridgeview and the other from Greenbelt High School gave the example of a drug education class that had been very effective and 'stuck in their minds'. They described the class, where a recovering drug addict had come to their school to tell his life story about how his addictions had affected and nearly ruined his life. The learner from Greenbelt High School said,

'It is this type of education that gets rebellious minds thinking and questioning their actions. I do a lot of bad things, but the drug talk put me off drugs for life'.

It therefore became apparent that the nature of effective HIV and life skills education needs to change and that hearing about AIDS, AIDS, AIDS was not going to have any effect on youths choices and resulting behaviour. An informant from Summerville High School said,

'Seeing pictures of sweet, small black children dying of AIDS or people in mud huts in rural areas is also not going to have any effect on my behaviour and choices. It is too removed. I need to hear testimonies and life stories from people like me. The disease needs to become real for me before I take note of it.'

An informant from Bridgeview High School said,

'I know of people who have AIDS and have died of AIDS, but it was kept silent. Maybe if I was better educated about the reality of the disease my own actions and behaviours would change.'

Aside from many of the informants saying that they need to be shocked into changing their attitudes and behaviours towards HIV/AIDS, another thing they raised was that very often the nature of the sexual education the informants received at school, encourages them to become sexually active. A learner from Greenbelt High School said, 'All they teach us is about condom use. It is as if they are saying have sex, but use a condom.'

This same message came through from informants in all four schools. There was a general impression that the manner in which they receive education in schools gives them permission to have regular sex as long as they take the pill or use a condom. Crudely put the focus of the education is often more about pregnancy than HIV or STD's. A learner from Meadowrise High School went so far as to say,

'My teacher always talks about condoms and the morning after pill. It is as if she is saying you can have sex with as many different people as you want and then if you have any fears all you have to do is take a pill. For a long time I thought that this pill also stopped AIDS too.'

Even at Summerville High School which is a school based on Christian principles one informant said the following.

'So often we are told that it doesn't matter what your status is, God loves you no matter what and will forgive you of your sins. This gives some girls the wrong message about AIDS as they interpret it as saying to us that it is okay to sleep around because if you get AIDS, God will still love and forgive you. In a way this message is also giving us as young people in a Christian community, permission to have pre-marital sex.'

A different informant in the same school said,

'We all agree we are getting mixed messages. I mean we are in an Anglican based school. We should be being told sex is for marriage and you must wait, yet that is not the message we are getting. The message is that we must use a condom, in other word, it is fine to have sex as long as it is protected sex.'

In conclusion, it is evident from the interviews and focus group discussions that there are mixed feelings amongst the learners about the HIV/AIDS and life orientation education they are receiving at schools. Some of the learners felt they had had too much and it therefore no longer had an impact on them and others felt they don't get enough and the little they did, was ineffective. Many informants felt they needed further education higher up in the school but it needed to be 'shocking' in order to have an effect. To quote,

'At this stage in our lives, we need to be shocked into believing, we are teenagers and lecturing us does not work. Teenagers love doing what they are told they can't or should not do. Therefore whatever we are told, we do the opposite, I suppose because we can!'

One other voice that started to appear in the section on the family, but became more evident in this section about education is that youth often get double or mixed messages about the world around them which leads to confusion when making choices.

MEDIA

All twenty nine of the informants mentioned one or another form of media as being a source of information that informs their understanding of relationships, sex and HIV/AIDS.

The following statement, made by a Bridgeview High School informant sums up the informants' understandings of the media's representation of relationships and sex.

'To the media, a relationship is sex, it is not about trust, love, commitment, respect and all those good things. The media see relationships as sex, sex, sex and to make matters worse the impression they give to young people is that it is okay. They bombard us with sex all the time! Sex sells and this is the bottom line.'

In truth the media are not particularly interested in the well-being of the youth, but rather in selling their product. If it means through the sensationalisation of the human body or glorification of sex, this is what will be done to ensure the product's success. Some forms of media are a little more subtle and try to convince the reader/viewer that their product is about the individual's well-being. They do this by having catch phrases that appeal to the individual's well-being. For example, the front cover of a popular magazine may read something to the effect of '10 ways to beat cancer. How to stay fit during the cold winter months. Less fat, live longer' and so on. The truth is, their main goal is to make money. Therefore, if it means using ideologies that appeal to readers, even if for the wrong reasons, they will. For the most part the media is a business and values and morals often fall away and this becomes evident through the opinions of the informants, who being youthful are exposed to this manipulative material much of the time. For example youth spend much of their time being exposed to the media through posters, bill-boards, bus shelter advertisements, movies, television, radio and magazines. Many of the things they are exposed to through these media are very adult and even those meant for the teenagers, often portray subliminal allusions of masculinity, femininity, relationships and sexual behaviour.

What the media portrays as acceptable, beautiful and sexy is often what informs the teenagers and youths perceptions of these things too and these media influence and shape many of youth's understanding of the world around them and therefore the choices they make.

One informant from Summerville High School said,

'We are exposed to media all the time, and it continually gives us mixed messages about sex and relationships, but for the most part it encourages us to have sex, be sexy and the importance of being in a relationship.'

This statement made by a female informant, sums up one of the main impressions I got from many of the informants, namely, the media's mixed messages. To quote an informant from Greenbelt High School,

'In most cases the media (television, radio, magazines, billboards, pamphlets or posters) sensationalise and make relationships into something physical and erotic. The message we are getting most of the time is that sex is good, enjoy it and have as much of it as possible. There is very little said about it being in a marriage or monogamous relationship and only sometimes is there reference to condom use and protective sex.'

What follows are some of the comments made by learners (at least one learner from each school) about how the media informs their worldview.

'Every magazine you pick up has an article on the 10 best positions for; summer, winter, Valentines, New Year's, holidays, in-doors, out-doors and so on.'

'Magazines, adverts, posters etc always show pictures of happy, beautiful people with perfect bodies when referring to relationships and sex. This gives us the impression that this is reality.'

'In every magazine there will be at least one article on sex and it mostly is selling it as wonderful and encouraging us to 'do it'.'

'Most TV programmes and movies will have a sex scene, or imply it anyway.'

It is evident from these statements made by the informants that the media condone sexual activity, give permission to have sex and encourage it and this is what informs many of youth's choices and decisions.

Two of the informants out of twenty nine made reference to the fact that sometimes in magazines or on television there are advertisements for condoms, lubricants and contraceptive pills. One of these informants said, 'They are still condoning sex with sometimes a possible subtle message about protection.' The other said,

'Even advertising condoms although it is advertising protective sex, is still giving permission to young people to have sex, but at least it is safe sex I suppose.'

Television was a common subject brought up by the informants. Fifteen of the informants mentioned that be it a soap opera, sit-com, series or cartoon, in most episodes there is a suggestion or reference to sex, even if it is not shown. One informant from Summerville high School gave this example,

'Even if you don't see the actual scene, it is implied. Two people will go into a bedroom in a heavy embrace, the door will close and the viewer assumes that they are having sex.'

Three of the informants, one from Meadowrise, Bridgeview and Greenbelt High Schools respectively made reference to the fact that there is very seldom, if ever, reference to safe sex, contraception or condom use on Television programmes. One subject from Bridgeview High School said,

‘Soap operas were the worst. Everyone sleeps with everyone else's partners. Partner ‘swopping’ is seen as being okay and often to the point of being incestuous. Never once have I seen the subject of safe sex covered and I watch a lot of TV. TV gives the impression to the viewers that it is fine to have multiple partners in a short space of time.’

Five of the informants mentioned that in television programmes, divorce is often an easy option. Ten of the informants commented on the fact that the times that soap operas, series channels and sit-coms are viewed are often at times when children come home to ‘veg’ (vegetate) on the couch before dinner and homework, or at a time before parents come home from work, where they have little control over what the child is watching as they are busy attending to dinner preparations etc. and that they are unaware of the content of many of the programmes. It is, therefore, often young children and teenagers watching these shows who are exposed to the so called ‘wrong’ and very liberal view on relationships and sex. Another observation one of the informants from Summerville High School made was, that there are many articles in magazines about sex, overcoming sexual libido problems and how to spice up your relationship, but very few articles on abstinence, commitment, trust, respect and so on. She then said, ‘The only place I have seen this sort of article on a regular basis is in a religious magazine.’

Therefore it is evident that according to the informants, the media gives mixed messages about relationships and risk. However most of the time it encourages and gives young people permission to have sex.

RELIGION

Both having or not having a religious belief, informs the way one understands much of the world around oneself and more so, what is acceptable and unacceptable behaviour within the environment one operates.

At Greenbelt High School learners spoke about their religious beliefs far more than in the other three schools. Many of the children were Muslim, a few Christian and in both cases the learners felt that their religious beliefs influenced the way they viewed the world and their behaviour. Many of the learners in this school said that sex is for marriage and is forbidden before this time. Three out of the ten informants said they hoped to stick to this belief as they know it is the right thing to do, however at least four of the informants admitted that they were not sure if they could wait till marriage before becoming sexually active, due to their own sexual urges and curiosities about sex. One even admitted that he was already sexually active, as he wanted to fit into his group of friends. It was clear that in this community there is a lot of respect for religion and although many of the informants came from religious backgrounds, some of them were questioning why they were being encouraged to follow such beliefs and many of them were finding it hard to stick to them at this stage of their lives. For example, when talking about alcohol and drugs some of the informants in this school admitted that they drink even though they know it is against their religion. Some of the boys also spoke about the 'things' some people do at parties. One boy described the fact that after a few drinks or taking drugs it is common for couples to 'get off' in front of their friends and perform oral sex while their friends watch. He said the first time he saw this he was shocked, but that he is used to it now as it happens all the time.

Summerville High School was the only other school where religious beliefs were spoken about in any depth and many of the learners said that although it was a school based and run according to Christian principles, they were not, themselves strict believers.

However, three of the informants at Summerville High School said, that they often 'think twice' before they do things as they know it is not the Christian way, however, it does not necessarily stop them from doing it altogether. At Bridgeview High School, only one of the learners referred to her religious beliefs and she stood by them rigidly and they were very much a part of what informed her decision making.

Another thing that became evident through discussions in the focus groups and in the individual interviews, was that in the more religious families, the topic of relationships and sexual activity was in a way more openly discussed. However, when digging deeper it became evident that these issues were often not discussed at home with family members, but rather with religious teachers from their churches and mosques.

Once again it is evident that for those informants who have a religion, their attitudes and how they make choices are informed by their beliefs and faith or in rebellion against their so called beliefs.

MIXED MESSAGES

Finally, it became evident throughout the discussions that youth today are being given many mixed messages about the world around them, the environments in which they shape themselves and the contexts in which they operate. This makes it difficult to make informed decisions about things as they have so many influencing factors that inform them about matters such as relationships, sexual activity, alcohol and drugs that it is often difficult for them to make sense of all the conflicting information and therefore sometimes it results in them making incorrect, irresponsible high risk decisions.

For example, a female student from Bridgeview High School said that she gets mixed messages about sex from home. To quote her,

'I once had a conversation about sex with my mother, where she told me sex was wrong and that I was too young. She said that if she ever caught me having sex in her house she would kick me out.'

However the same girl then went on to say,

'Strangely though, my mother insists I am on the pill and buys it for me every month. She says it is in case I get raped, I know that is not the reason, she knows I will probably have sex whether she likes it or not and she knows I can't afford to fall pregnant.'

The girl admitted that she is getting very mixed messages about sex from home; on the one hand her mother is saying sex is forbidden and on the other hand her mother is giving her permission to be sexually active, by her insistence of her daughter being on the pill. I think this is a very good example of the nature of messages youth are receiving from home, school, and the media.

b) WHAT ARE THE STRATEGIES THEY EMPLOY IN EITHER MAKING A CHOICE OR PURSUING A RELATIONSHIP?

In general it is difficult to say exactly what strategies the informants employ when making a choice or pursuing a relationship as it became apparent through conversations with the informants that many of them do not have strategies nor certain ways they approach choice making. Many of the informants said that they act on impulse and according to what feels right at the time. An informant from Bridgeview High School said,

'There comes a point where I am not really thinking about consequences of my actions especially with regards to a relationship. My hormones take over and I just don't care.'

An informant from Summerville High School said, 'I trust my instinct and therefore go with what feels right at the time I need to make any choices.'

Interestingly however 25 of the informants (ranging from all four schools) at some point mentioned either in the focus group discussion or in the individual interview, that in general when making a choice or decision they consider the thought, 'What would my family and friends think and say?' Their choices were often then based on this imagined response. A girl from Greenbelt High School said, 'I have often stopped myself doing things when I picture how my father would react if he knew. I get scared and am not willing to take such a chance.'

In contrast to this body of thought, there were a handful of respondents who had rather different opinions. For example an informant from Meadowrise High School said, 'I don't care what anyone thinks, it is my life and I will do what I want. People in my community don't really care anyway.' A boy from Bridgeview High School said, 'I do things against my parents wishes just to make them angry and irritated.'

In this case the boy did still consider what people thought and deliberately rebelled against them. There was one other train of thought and that came from two learners both from Greenbelt High School who had rather *laissez-faire* attitudes about life in general and when it came to decision making strategies their attitudes were unaffected and the same. One of the boys said, 'I don't know how I make decisions I haven't really thought about it, but it doesn't really bother me what people think and say.'

When investigating the importance of what the informants friends may think, it became apparent that here too the opinion of their friends was very important in most cases and that many of the decisions made by the informants were in order to fit in and please their peers and friends.

Their decisions were sometimes made even though the informant did not themselves want to make such choices and in some cases later regretted making such decisions. For example, an informant from Summerville High School said, 'I have made some bad choices in the last few years in order to please my friends. I regret some of the things I have done.' A learner from Bridgeview High School said,

'There have been times I have done things not because I wanted to do them, but because I wanted to fit in and please my friends. Taking drugs for example. I have also had a boyfriend that I did not particularly like, but it meant that at least I had a boyfriend.'

Only three of the informants referred to their religion as being influential in the choices they make regarding relationships, one learner made the following comment, 'I like the fact that I can fall back on my religion, as it gives me a good excuse not to do things that I would be scared to do anyway.'

As is evident from the data, the strategies employed by the informants when making decisions are rather fluid and unspecific. However, family and peers would seem to be the most influential, even though the strategies used may be individually and context specific.

c) WHERE AND UNDER WHAT CIRCUMSTANCES DO THEY MEET?

Meeting people is the first step to developing new relationships. It is the place where one establishes the initial contact between one person and another. It was therefore important to establish from the informants where they meet people and under what circumstances, as it gives an indication as to the foundation from which their relationships begin.

In answer to this question, the most common responses from the informants were; at school, at parties, through family and friends, dance classes, sport, church and the community centre.

These responses show that youth's relationships begin in a number of different ways according to a range of criteria and circumstances, some controlled and some spontaneous. Most of the time the initial meeting is under sober conditions either through family, friends, sports, church etc. however at parties the conditions are often different and relationships are formed in non-sober states. When inquiring deeper into the environment where the best and more long lasting relationships are formed, the response was mostly at parties. One learner from Greenbelt High School said.

'Often at parties once you have had a few drinks, you don't feel so shy and it is easier to meet new people. When I am just normal and at home for instance I feel more shy and it is difficult to make new friends.'

A girl from Bridgeview High School said, 'I prefer meeting people through our church as then I feel I can trust them and that we have the same values and morals.'

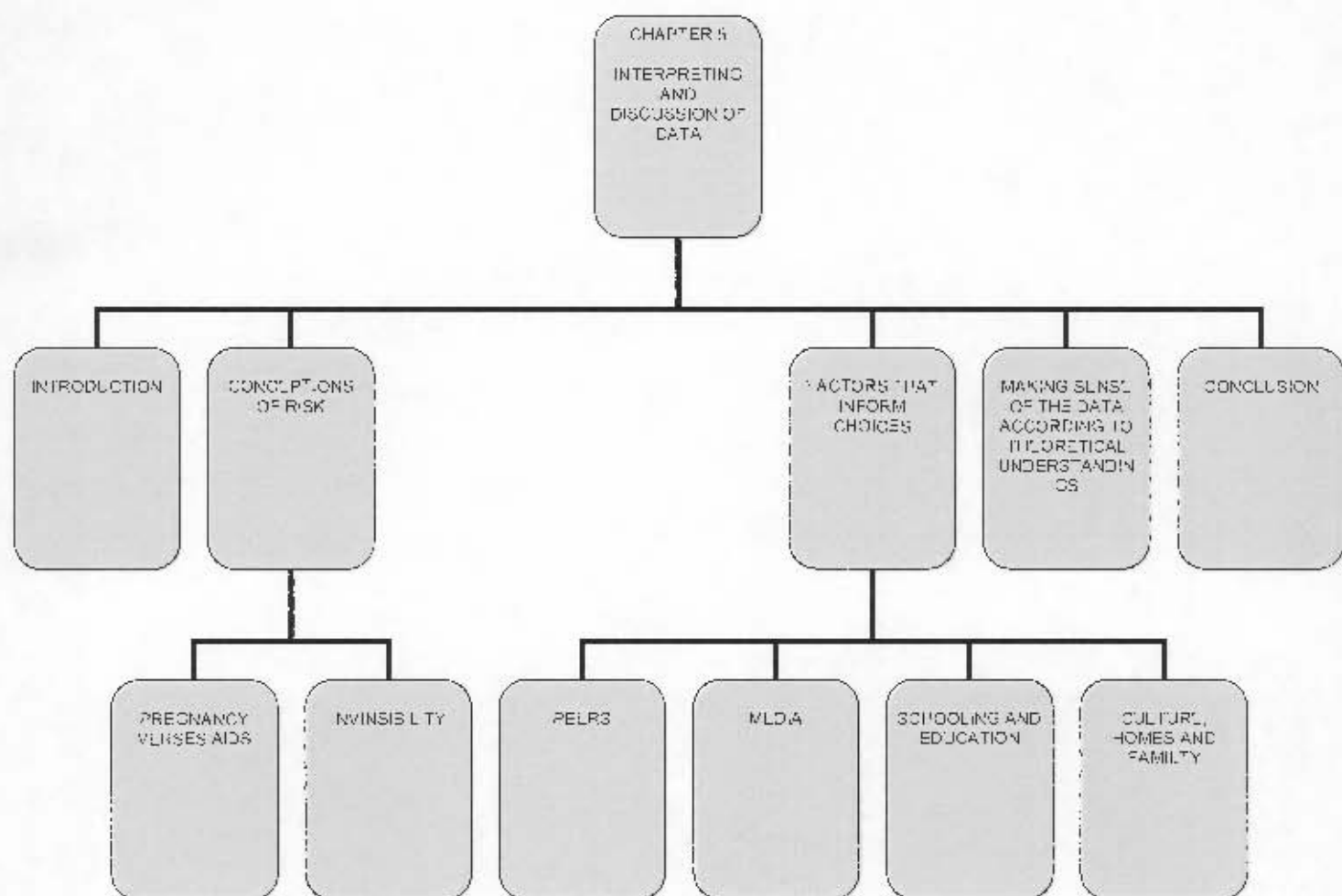
These comments show that different learners find different circumstances more appropriate and easier to meet people and that the range of opinions on this matter was very varied. It is therefore difficult to describe the exact circumstances of meeting, however it is important to note that the nature of the relationships is often reflected in how, where and the state in which they were when they met.

CONCLUSION

I hope to have highlighted some of the similarities and differences between the data received in the four schools. It can be said that there are similarities and differences between all four schools and these depended largely on things such as culture, religion, living circumstances and geographic location although it is important to note that youth are individually unique and specific too. All these things relate to the importance of context.

Context shapes and informs youths' knowledge about the world they live in, their conceptions of risk and how they make choices. The conversations described in the data above also highlight that youths constructions of themselves happen in a complex way. It shows the multiplicity of choices youth are faced with and the complexity of risk. It therefore highlights the difficulties of making risk related choices.

In general the data describes patterns of difference and the tension and conflict between them. For example; the data describes difference within and between; individuals, schools, sexes, racial groups, religious groups, media, families and cultures showing the conflict and tension between the multiplicity of ways youth understand and make choices about relationships in the context of HIV/AIDS.



CHAPTER 5

INTERPRETATION AND DISCUSSION OF DATA

5.1. INTRODUCTION

The countless studies conducted globally on issues around knowledge, risk and behaviour indicate that knowledge of risk does not necessarily change behaviour. For example, if you look at research referring to smoking, alcoholism and drug abuse, there is clear evidence that knowledge about the dangers of these addictions does not necessarily alter or change behaviour. In the field of HIV/AIDS, literature is beginning to show that knowledge about HIV/AIDS does not necessarily change sexual behaviour and attitudes about risk, sex and relationships either. The questions being asked in the field are why? Why is it that even in communities, where there is knowledge about the risks of HIV, behaviours do not necessarily change? In the case of youth, is it the approach to teaching about HIV/AIDS? Is the knowledge being misunderstood and misinterpreted? Is there still a lack of knowledge in some communities? What are the societal/cultural values prohibiting a change of behaviour in a risk environment?

I shall now attempt to provide explanations for some of these questions through the interpretation and discussion of the data from the informants presented in Chapter 4 and using theoretical understandings presented in Chapter 2. It is important to note, that in most cases my findings were similar to or the same as that of the literature presented in Chapter 2.

When describing and interpreting the data, I identified common themes and differences. I shall now present the main findings. I have chosen the following three headings in which to do this as I feel they encapsulate some of the most pertinent findings about the youth's conceptions of risk and how they make choices about relationships, in the four Secondary Schools in the Western Cape, where I conducted the research.

They are; firstly Conceptions of Risk, secondly Factors that influence choices and decisions youth make about relationships and thirdly, Making sense of the findings according to Theoretical Understandings.

5.2 CONCEPTIONS OF RISK

5.2.1 PREGNANCY VERSUS AIDS

Interestingly as was discussed in the presentation of the data in Chapter 4, the majority of the informants were far more concerned about the risk of pregnancy than of HIV/AIDS. This in turn largely had an effect on their attitudes towards condom use. I say this as many of the informants felt that if the female in the relationship was using the contraceptive pill or injection there was little need for condom use as the chances of her falling pregnant were very small. For these informants HIV/AIDS was not considered as a necessary concern, as they did not consider themselves to be at risk and therefore had no reason to use condoms.

Other attitudes towards condom use were that they inhibit pleasure, are expensive, inconvenient, odorous, embarrassing to purchase and many had the misconception that suggesting condom use to a partner implies a lack of trust between the individual and partner. The informants therefore said, this either inhibits the use of condoms or means they are used irregularly even though they know they should be used at all times no matter what the circumstances are. As Denzin and Lincoln (1994) point out, 'in order for condoms to be effective against HIV infection, they must be used consistently and correctly.' Young people seem to be aware of this, yet their behaviour patterns do not reflect this. According to Bradshaw et al's research (2004), almost a third of youth still hold the misconception that using a condom means that you do not trust your sexual partner and this was true of the informants as well. This evidence supports Skinners (2004:160) observation where he says that there is almost a universal perception that condoms are not acceptable at both a cultural and personal level.

He also states and the data confirms this too, that youth know about AIDS, how it is transmitted and how to protect themselves, but there are too many pressures in terms of prevailing sexual norms for condoms to be widely used. HIV/AIDS risk seemed far less of a concern than pregnancy. Once again the data for this study supports Skinners findings.

5.2.2 INVINCIBILITY

In Bradshaw et al's (2004) study, young people reported HIV/AIDS to be the biggest problem facing them and their communities and 45% of the young people reported that they personally knew someone who had died of AIDS. However the majority of young people do not consider themselves personally at risk of contracting HIV. In fact 63% of HIV infected youth, reported that they thought they were at no risk at all, or a small risk, of getting HIV. It is likely that if youth do not feel at risk they do not see the need to protect themselves. The informants for this research confirmed Bradshaw et al's findings, in that all except three of the informants had little fear of the disease, even those with direct exposure to it through a friend or family member. There was a sense, for many of the informants that HIV/AIDS is still a disease 'out there,' (where ever that may be) and that until they begin to see it's effects on their communities, close friends and family members directly, it would not be something they truly feared. Even in cases where the informant had experience of the disease, being popular amongst their peers, fulfilling their own sexual desires, 'becoming a man' by being sexually active and the fear of pregnancy tended to outweigh their fears about the risks of HIV/AIDS.

Reducing the number of partners is also an important part to reducing risk (Bradshaw et al, 2004). Out of the informants, only six of the twenty nine informants said that lifetime monogamy (having one partner, the person who you marry and commit to for the rest of your life.) was important to them. For many of the informants serial monogamy (committing to one partner at a time) was also not of particular concern. Most of the informants attitudes were that while they were young, it was a chance to experiment by having lots of relationships and have fun.

Risk did not enter the conversation at all. It was the six informants with strong religious beliefs who said monogamy was best. This it was not due to their perceptions about risk but their value system. The other twenty three informants had the belief that they were young and now was the time to 'play'. This therefore made having multiple partners condonable. This substantiates Bradshaw's statement, in that he states there needs to be more emphasis in telling youth about the risks of having many partners particularly those who are sexually active.

5.3. FACTORS THAT INFORM THE CHOICES AND DECISIONS YOUTH MAKE

For the purpose of this research, one needs to consider that youth have to make decisions about their relationships and sexual actions in the context of a highly competitive and complex modern society facing an HIV/AIDS pandemic of profound proportions in post-apartheid South Africa. Each individual's socio-economic status, family circumstances, race, gender, culture, level of education, religious inclination and many other factors shape this very complex and conflictual space in which youth exists and therefore the environment in which they make choices and decisions. I feel Gidden's theory helps unpack how youth operate and make choices about their sexual action in a high risk HIV environment as he highlights the importance of both internal and external factors needing to be carefully considered.

I shall now unpack some of the factors that were highlighted by the informants as being the most influential factors when making decisions.

5.3.1 PEERS

As the individual begins to grow more independent of his or her family the peer group becomes an important point of reference. It supports independence, meets needs for identity and recognition, presents opportunities for achievement and affords the opportunity of playing a variety of quasi-adult roles (Coleman and Hendry 1990:138).

This was exactly the information I gained from the informants in this study. They said that their peers were the most common source of information and conversation about sexually related activities and that their peers had the most influence over their decision making. However, it became evident that their influences were not necessarily always truthful and positive and that many of their stories and experiences about relationships and sexual experiences were exaggerated. However, peers were influential all the same.

Although many of the informants said they did not feel peer pressure played a large role in decision making about sex or relationship related activities, many of them agreed that they had done things to impress their peers or 'fit in' with the group. For example, becoming sexually active, drinking alcohol and taking drugs, when they possibly did not want to, but did it to be a part of the group. As much as the informants said it was their own choice, I feel the choices were made due to the individual's fear of being rejected. I would therefore say this is a form of peer pressure.

According to Bradshaw et al (2004), young people reported that alcohol and drug abuse was their second largest concern after HIV/AIDS. This is also a matter of concern in terms of HIV/AIDS, as alcohol and drug use impair good judgement, reduce inhibitions and increase risk behaviour. In this study, among youth who had tried alcohol, 24% reported that they had sex under the influence. Youth were also not very confident that they would be able to use a condom if they had been drinking and taking drugs. According to the learners I interviewed Bradshaw et al's (2004) observations are true for my sample as well. For example, many of the informants commented on their gain in confidence, sexual desire and inability to make rational decisions when under the influence of either alcohol or drugs.

5.3.2 MEDIA

Giddens (1991) writes that mass media is one of our main providers of information. Yet information and ideas from the media do not merely reflect the social world, but contribute to shaping it. He says,

'The importance of the media in propagating many modern lifestyles should be obvious. The range of lifestyles - or lifestyle ideals - offered by the media may be limited, but at the same time it is usually broader than those we would expect to just 'bump into' in everyday life. So the media in modernity offers possibilities and celebrates diversity, but also offers narrow interpretations of certain roles or lifestyles - depending where you look.'

The comments from the informants substantiated Giddens' findings. The informants all agreed that the media is very influential in shaping their knowledge, attitudes and behaviours around relationships and understandings of HIV/AIDS. They felt that the media sell sex and encourage youth to become sexually active. They condone sexual activity before marriage, do not emphasize the importance of a committed relationship and there is little to no emphasis on the importance of abstinence or protective sex. Some of the informants also commented on the fact that the media advertises drinking alcohol as being 'cool' and acceptable as well, once again encouraging youth to drink under age.

5.3.3 SCHOOLING AND EDUCATION

In analysing the data, it is clear that the nature of HIV/AIDS and relationship based education is not effective in schools and therefore does not play much of a role in defining youth's knowledge about HIV/AIDS nor shaping the decisions they make about relationships. There was a sense that life-orientation teachers often lack the knowledge or have feelings of inadequacy or embarrassment to teach about the disease. They therefore skip over certain important information and facts, leaving the learners with the wrong impression and in some cases misunderstandings about the disease. The learners also mentioned that the education they receive about the disease only occurs in Grade 8 and Grade 9.

At this point most of the learners felt that they were not yet at the same level of experimentation in their relationships and that by the time they got to Grade 10 where they were experimenting sexually far more, they had conveniently forgotten everything they had been told the two years prior to this. The learners felt HIV/AIDS and relationship based education needs to be more explicit in order to have an impact on them. However, other learners indicated that as soon as they heard a teacher, parent, sibling, the radio, television etc. mention HIV/AIDS 'the shutters came down and they switched off.' Their attitudes were that they had had so much education about the disease that it had become tedious and boring. They did however agree, that if it were more explicit and shocking, it may have an impact again.

5.3.4 CULTURE, HOMES AND FAMILY

Rachel Mash's (2005) research concludes that many morals come from home and this is what people base their decisions on – not what they learn at school. The problem is in today's society, many children do not have stable home backgrounds due to illness, divorce, parents never marrying and such like circumstances. There also seems in many cases to be a silence about sex in the home. There is very little discussion about sex in most homes and secrecy about the topic. In fact in many cases there is no-talk about the subject at all. The generation gap, seems to stand in the way of the subject. Other values and morals are openly discussed, but not the subject of relationships and sex. The informants in this study, once again confirmed Mash's findings. The secrecy of sex and inability of many of the informants to talk about it with their parents, siblings and family members, is evidence that the home and family are often not the place where youth learn about relationships, sexual activity and HIV/AIDS. However, in the more religious homes, it was clear that the morals and values instilled in children through religious beliefs have an influence on the nature of decisions and choices youth make about relationships. For example, two learners from Bridgeview High School said that they came from strict Muslim homes where they were taught sex was a taboo before marriage.

In Xhosa families specifically, the beliefs about masculinity and manliness as well as the taboo of talking about sex, had a definite influence on the informant's decisions about sexual activity. If having sex means becoming a man, and more so having unprotected sex, then that is what a Xhosa youth will do in order to live up to the cultural beliefs and expectations about sex and manliness.

5.4 MAKING SENSE OF THE DATA ACCORDING TO THEORETICAL UNDERSTANDINGS

Anthony Giddens's (1991:54) theory looks at the modern subject, living in a modern world and how we have to make choices, knowing that all choices have consequences and involve risk. For example, every choice we make has a number of possible consequences and these are exaggerated by the riskiness of modern society. We can choose who we want to be, but increased choice can be both liberating and troubling. Liberating in that it gives freedom to choose who we want to be and become, but troubling in that making choices involves risk and therefore stress. He concludes that we live in highly conflictual spaces and have to make choices involving risk, it is therefore inevitable that, at times, poor choices will be made. This was evident from the data in that many of the choices youth make about behaviour involve risk and in many cases poor choices were made such as the choice to have unprotected sex or drink alcohol which lead to irrational decision making. Giddens (1991) highlights the fact that people do not live in a vacuum and that all aspects of the environment effect us. He is concerned with context shaping individuals choices and risk.

I do however feel that the risk Giddens refers to is not necessarily acknowledged by all subjects. Youth as illustrated above tend to have a sense of invincibility, ignoring the risk factors in their decision making processes. For example, many young people of the modern world today, smoke, drink in excess, drink and drive, have multiple sexual partners and have unprotected sexual relationships.

All of these acts are generally done, without considering the possible consequences or because they find it difficult to imagine the consequences. An example of this was a comment made by one of the female informants from Meadowrise High School. She said the following in her individual interview,

'It is difficult to imagine that it is possible for me to get lung cancer when I only smoke over weekends and maybe one or two cigarettes in the week. I don't regard myself as a fulltime smoker and surely the cigarettes that I have are harmless. I mean, I do not smoke a box a day or anything like that.'

This example shows the difficulty many youth have in seeing the relationship between their actions and the possible consequences of their actions. I say this is due to the wide scope of choices available to them as they make sense of and live in this highly conflictual risky modern society. When everything has a possible consequence, it becomes difficult to separate levels of risk and danger and therefore people become resilient and learn to live without being fearful of day to day consequences.

In South Africa particularly, we live in an environment full of crime, violence and corruption. If people always assessed the risks of everything they did, it would be difficult for people to leave their homes with the knowledge of the possible risks they face on the outside. I fear that this attitude of resilience has spread, beyond the crime and violence of our society, to sexual relationships and HIV/AIDS risk too.

Fishbein and Ajzen (1980:63) look at attitudes in a slightly different way. They believe that attitudes are made up of the beliefs that a person accumulates over their lifetime. Some beliefs are formed from direct experience, some are from outside information and others are inferred or self generated. Fishbein and Ajzen's theories frame the attitudes of youth by highlighting the importance of other people's subjective norms such as their peers, the media,

the person's previous experiences and the importance of the belief in the outcome of the behaviour. For example, a teenager may make a decision about a behaviour based on the knowledge that this will make him/her popular or acceptable in his/her peer group. It was clear from the data that this was true. This acceptance by peers outweighs their knowledge of the possible risk at which they put themselves.

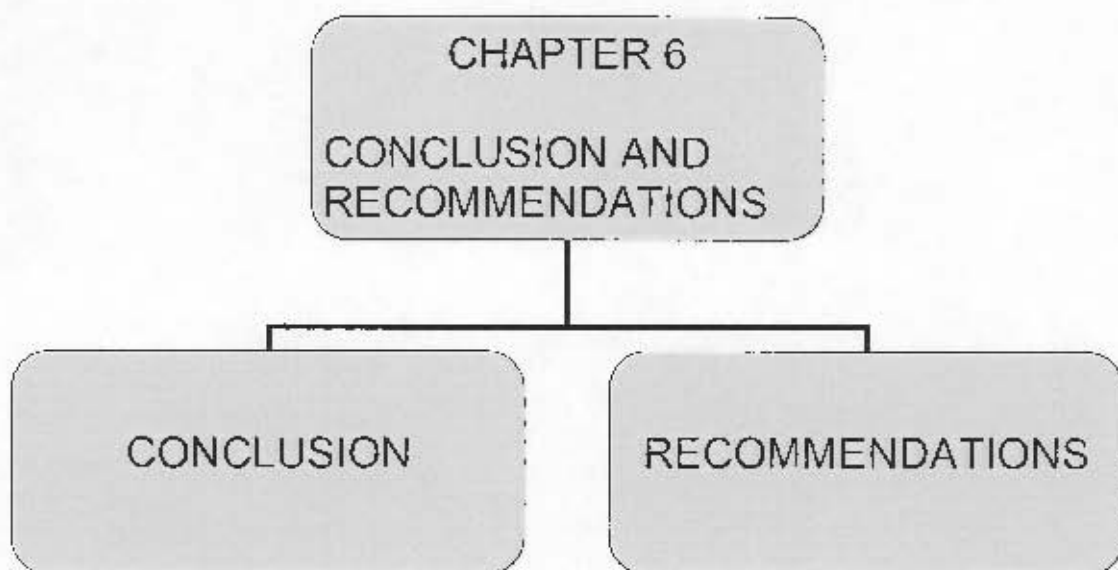
CONCLUSION

This research was conducted in the Western Cape, South Africa. It is very important to understand the context of South Africa in which the research was conducted and to take cognizance of how history, economics and society have shaped the way South African youth are today. This has a direct influence on the identity of youth, how they perceive and understand risk, HIV/AIDS, their attitudes and behaviours.

Youth operate as agents in highly conflictual spaces, where they have to make sense of the structures and world around them. It is therefore inevitable that they will make bad and high risk choices throughout this process (Giddens, 1991). When looking at conceptions of risk and factors that influence choices and decisions youth make about relationships according to the data, it is evident that Giddens' statement is true. Youth operate in a high risk environment, faced with many challenges and difficult decisions about their identity in relation to themselves and society. It is through this time of conflict of the self (Erikson, 1968) that even with knowledge, poor choices will be made which contributes to their high risk status.

It would therefore seem that youth's high risk behaviour is two fold. Firstly, they sometimes find it difficult to evaluate risk and they often don't foresee or predict possible consequences of their actions (as described by the girls when talking about smoking) and secondly, peer pressure and the need to be accepted, often overrides their rational thought.

These two possible situations described, along with Giddens' theory and highlighting the importance of context and how youth operate in highly conflictual spaces, give impetus to this study.



CHAPTER 6

CONCLUSION AND RECOMMENDATIONS

6.1 CONCLUSION

Youth, Relationships and Risk in the context of HIV/AIDS: How do Grade 10 learners in four Secondary Schools in the Western Cape make relationship choices based on their conceptions of risk? Through conducting this research, analysing the data and considering literature in this field, it is evident that although youth in these four chosen schools have knowledge about HIV/AIDS, in most cases, their behavioural choices, made in the context of their relationships, do not correlate with their knowledge of the disease.

According to the informants, the reasons for these findings are the following. Youth have a sense of invincibility! They are not afraid of getting HIV/AIDS and to a large degree have the attitude that, 'It will never happen to me.' The break down of societal values, the family and the lessening of the influence of religion, cultural beliefs, the generation gap, the influence of silence in the family, parents working long hours as well as living in a post-modern technological world, all contribute to youth's, sometimes skewed and liberal, understandings of relationships and sexual behaviour. The influence of the mass media and peers were also large components of what shape youths ideas about HIV/AIDS, relationships and sexually related matters. Therefore these factors largely influence how they make choices and go about decision making in this particular context. Schooling, education and the family were not seen as being very influential in shaping their understandings of the disease or relationships.

As can be understood from the complexities of youth and society described in this thesis, one can understand that attitudinal and behavioural changes are complex and that knowledge does not assume positive or good decision making, even in a high risk environment.

6.2 RECOMMENDATIONS

One cannot change family dynamics, and the relationships parents have with their children, therefore addressing the difficulties of talking about relationships and sex within the family cannot be directly addressed. I would therefore suggest that the nature of HIV/AIDS and sexual education in schools in South Africa needs to be seriously looked at instead, so that the education received by youth in schools on such related topics, is more effective. I say this, as it became clear through this research that schools have little effect on shaping youth's ideas about sex, relationships and HIV/AIDS and therefore the way in which it is conducted needs to be revised and considered. This will mean further research in this area, as well as continued policy development and the running of professional and staff development programmes, in order to ensure that the teachers are well equipped, educated and informed to teach about such necessary life-style and life choices.

Having said this, research alone is not enough. Programmes addressing the problems found while doing the research need to be properly and effectively implemented. I say this as Kaya and Mabetoa's (1997) research on knowledge and attitudes towards sex among youth in the North West province conducted in 1994, showed many of the same findings and conclusions as this research. However, in twelve years not much has changed and the problems continue to perpetuate themselves. I, therefore, feel the approach to education needs to be urgently addressed. According to Skinner (2004) lots of factors in society need to change if safer sex is to become a part of life or even acceptable to the mass of people. He suggests that the processes of education for attitude and behavior change require theoretical input looking at pedagogic theory. I, too, feel that examining pedagogical methods about teaching about HIV/AIDS is critical in understanding how best to inform people (youth) in order to emphasize the high risk of the disease as well as encourage attitude and behaviour change.

The second suggestion I would make is that I feel very strongly that further research into the role of the media on children and youth needs to be conducted to expose just how big an influence they are having in shaping choices and decisions made in the context of HIV/AIDS and relationships. I feel the profound influence of the media needs to be exposed and made known to the public and that greater attention needs to be paid to ensure that they portray a less liberal and more real impression of relationships and HIV/AIDS, rather than glamorising and giving false impressions of reality at times. This is an almost impossible task, but I think if people realised the effects the media are having in shaping the future generations, societal values, morals and perceptions about relationships, not only of the South African youth, but of youth across the globe, they would come to realise how important it is to challenge the liberalism and freedom of the media today.

Finally, in the same way it is difficult to address the problem of the general lack of communication in the home about relationships and sex, many of the issues that need to be addressed, when looking at how we can change youths' attitudes towards HIV/AIDS, sex and relationships are impossible too. As educators, parents, teachers, policy writers etc. we cannot change the relationships youth have with their peers. Humans are human and the nature of their relationships is individual and cannot be shaped. We also cannot change the breakdown of society, the influence of technology or the rapidly changing post modern world we live in. It is, therefore, only possible to attempt this change in attitude, through education and through the mass media, difficult though this is.

REFERENCES

- Abrahams, A. 2006. Examining religious leaders and traditional healers' experiences and responses to HIV/AIDS in a modern community. M. Ed. Thesis. Department of Education, University of Cape Town.
- Appignanesi, R. and Zarate, O. 1992. *Freud for beginners*. Cambridge: Icon Books.
- Babbie, E. and Mouton, J. 2004. *The Practice of social research*. South African ed. Oxford : Cape Town: Oxford University Press.
- Babbie, E. 1995. *The Practice of social research*. 7th ed. Belmont, Calif.: Wadsworth Publishing.
- Babbie, E. 1999. *The Basics of social research*. Belmont, Calif.: Wadsworth Publishing.
- Bankole, A. et al. 2004. *Risk and protection: youth and HIV/AIDS in Sub-Saharan Africa*. [Online]. Available: <http://www.guttmacher.org/pubs/riskandprotection.pdf>. [2007, May 30].
- Beard, R. M. 1976. *An Outline of Piaget's developmental psychology for students and teachers*. London: Routledge and Kegan Paul.
- Bogdan, R. and Biklen, S. 1992. *Qualitative research for education: an introduction to theory and methods*. 2nd ed. Boston: Allyn and Bacon.
- Bradshaw, D. et al. 2004. *South African national burden of disease study 2000: estimates of provincial mortality*. Cape Town: South African Medical Research Council.
- Carr, D., Way, A. and Smith, R. 2001. *Youth in Sub-Saharan Africa, a chart-book on sexual experience and reproductive health*. Washington, D.C. : Population Reference Bureau.
- Cohen, L. and Lawrence, M. 1989. *Research methods in education*. 2nd ed. London: Routledge.
- Coleman, J. 1974. *Relationships in adolescence*. London: Routledge.
- Coleman, J. 1985. *Becoming adult in a changing society*. Paris: Organisation for Economic Co-Operation and Development.
- Coleman, J. and Hendry, L. 1990. *The nature of adolescence*. 2nd ed. London: Routledge.
- Crewe, M. 1997. The challenge of lifeskills education. In *Children and youth at risk into the 21st century*. S.R. Boikanyo and P. Donnell. Eds. Pietermaritzburg: Masakhane Youth Consultancy Publishers: 78 - 81

- Denzin, N. K. and Lincoln, S. 1998. *Collecting and interpreting qualitative materials*. London: Sage Publications.
- Denzin, Norman K. 1989. *Interpretive interactionism*. Newbury Park, Calif : Sage Publications.
- Donald, D., Lazarus. S. and Lowana, P. 1997. *Educational psychology in social context: challenges of the development, social issues and special needs in Southern Africa*. Cape Town: Oxford University Press.
- Elder, J. P., Guadalupe, X. A. and Harris, S. 1999. Theories and intervention approaches to health behaviour change in primary care. *American journal of preventive medicine*. 17(4): 275 – 284.
- Elliot, A. 2001. *Concepts of the self*. Cambridge: Polity Press.
- Erikson, E. H. 1980. *Identity and the life cycle*. New York: Norton.
- Erikson, E. H. 1994. *Identity: youth and crisis*. New York: Norton.
- Fishbein, M. and Ajzen, Icek. 1980. *Understanding attitudes and predicting social behavior*. Englewood Cliffs, N.J : Prentice-Hall.
- Giddens, A. 1982. *Profiles and critiques in social theory*. London: MacMillan Press.
- Giddens, A. 1987. *Social theory and modern sociology*. Cambridge: Polity Press.
- Giddens, A. 1991. *Modernity and self-identity: self and society in the late modern age*. Cambridge: Polity Press.
- Giddens, A. 1993. *New rules of sociological method, second edition with a new introduction*. Stanford. Calif.: Stanford University Press.
- Giddens, A. 1995. *Human societies: an introductory reader in sociology*. Cambridge: Polity Press.
- Giddens, A. 1997. *Sociology*. 3rd ed. Cambridge: Polity Press.
- Ginsburg, H. and Oppen, S. 1969. *Piaget's theory of intellectual development: an introduction*. Englewood Cliffs, N.J : Prentice-Hall.
- Goodwin, W. and Goodwin, L. 1996. *Understanding quantitative and qualitative research in early childhood education*. New York: Teachers College Press.
- JAMES, S. et al. 2005. The effects of a systematically developed photo-novella on knowledge, attitudes, communication and behavioural intentions with respect to sexually transmitted infections among secondary school learners in South Africa. *Health promotion international*. 20 (2):157 – 165.

- Kaira, R. M., Kohli, A. and Datta, P. 2000. *Aids education in schools: an attempt towards integrating AIDS education with school curriculum*. New Delhi: Vikas Publishing House.
- Karim, A. et al. 2005. *HIV/AIDS in South Africa*. Cambridge: Cambridge University Press.
- Kaya, H. and Mabetoa, Ph. 1997. Knowledge and attitudes towards sexuality among black youth in South Africa. *Education & Society*. 15(1):81-87.
- Kenneth, H. and Tucker, J. R. 1998. *Anthony Giddens and modern social theory*. London: Sage Publishers.
- Krimsky, S. and Golding, D. 1992. *Social theories of risk*. Westport, Conn. : Praeger.
- Kroger, J. 1989. *Identity in adolescence: the balance between self and other*. 2nd ed. London: Routledge.
- Le Clerc –Madlala, S. 2004. *Transactional sex and the pursuit of modernity: CSSR working paper no.68*. Rondebosch, Cape Town: Centre for Social Science Research, University of Cape Town.
- Lee, R. M. 1993. *Doing research on sensitive topics*. London: SAGE Publications.
- Lerner, R. M. 1976. *Concepts and theories of human development*. London: Addison-Wesley Publishing.
- Leukefeld, C.G. and Fimbres, M. 1987. *Responding to AIDS: psychosocial initiatives*. Silver Spring, Md.: National Association of Social Workers.
- Lupton, D. 1999. *Risk and sociocultural theory, new directions and perspectives*. Cambridge: Cambridge University Press.
- Matsoso-Makhate, M. 2006. Performing Masculinities and Femininities: Grade nine Learners' Construction of Sexual Identities in the context of HIV/AIDS, M. Ed. Thesis. Department of Education, University of Cape Town.
- Mestrovic, S.G. 1998. *Anthony Giddens, the last modernist*. London: Routledge.
- Michael, M. 1996. *Constructing identities*. London: SAGE Publications.
- Mitchell, G. V. 1994. An evaluation of the impact of a ten hour HIV/AIDS prevention programme on male adolescents' HIV/AIDS-related knowledge, attitudes and beliefs. M. Ed. Thesis. Department of Education, University of Cape Town.
- Mouton, J. 1996. *Understanding social research*. Pretoria: J. L. Van Schaik.
- Muuss, R. E. 1988. *Theories of adolescence*. 5th ed. New York: McGraw-Hill.

- Nattrass, N. 2001. *Aids, growth and distribution in South Africa*. Rondebosch, Cape Town: Centre for Social Science Research, University of Cape Town.
- Nattrass, N. 2004. *The moral economy of AIDS in South Africa*. Cambridge: Cambridge University Press.
- Netswera, F.G. 2002. Risk awareness and sexual relationships among youth in the Johannesburg area. *Health SA*. 7(3)
- Paruk, Z. et al. 2005. Containment and contagion: how to strengthen families to support youth HIV prevention in South Africa. *African journal of AIDS research*. 4(1):57-63.
- Punch, K.F. 1998. *Introduction to social research, quantitative and qualitative approaches*. London: SAGE Publications.
- Ragni, C. 1998. A systems perspective on enquiry into training and development needs and interventions in an organization striving for world-class retailing standards. M.Ind.Admin. Thesis. Department of Industrial Administration, University of Cape Town.
- Rolls, H. 2005. Masculinising and feminizing identities. M. Ed. Thesis. Department of Education, University of Cape Town.
- Romer, D. et al. 1994. Social influences on the sexual behaviour of youth at risk for HIV exposure. *American journal of public health*. 84(6): 977-985.
- Seale, S. 2004. *Researching society and culture*. 2nd ed. London: Sage Publications.
- Simbayi, L. C., and Shisana, O. 2002. *Nelson Mandela/HSRC study of HIV/AIDS : South African national HIV prevalence, behavioural risks and mass media : household survey 2002*. Cape Town: Human Science Research Council Publishers.
- Simbayi, L.C. et al. 2004. *Risk factors for HIV/AIDS among youth in Cape Town, South Africa*. Cape Town: Human Sciences Research Council.
- Siyabonga, M. 2001. The Moment. [Online]. Available: <http://www.steps.co.za> [2007, May 30].
- Skinner, D. 2001. *How do the youth in two communities make decisions about using condoms?* University of Cape Town: Centre for Social Science Research.
- Skinner, D. and Mfecane, S. 2004. Stigma and discrimination and the implications for people living with HIV/AIDS in South Africa. *Journal of social aspects of HIV/AIDS* 1(3):157–164.

- Swart-Kruger, J. and Richter, L. 1997. South African street children: at risk from AIDS. In *Children and youth at risk into the 21st century*. S. R. BOIKANYO AND P. DONNELL. Eds. Pietermaritzburg: Masakhane Youth Consultancy Publishers. 57-68.
- Whiteside, A. and Sunter, R. C. 2000. *AIDS the challenge for South Africa*. Cape Town: Human and Rousseau.
- Whiteside, A. 1998. *Implications of AIDS for demography and policy in Southern Africa*. Pietermaritzburg: University of Natal Press.
- Yardley, K. and Honess, T. 1987. *Self and identity, psychosocial perspectives*. New York: John Wiley and Sons.

APPENDIX I

HIV/AIDS RESEARCH PROJECT

QUESTIONNAIRE

Please complete all sections of the questionnaire. Your answers will be treated as confidential and will be used as part of a research project into 'Youth, Risk and Relationships in the context of HIV/AIDS.' By answering CAREFULLY and HONESTLY you will be helping others.

Thank you sincerely for participating in this questionnaire

PART 1:

CONTEXTUALISING QUESTIONNAIRE

FIRST NAME: _____

SURNAME: _____

SCHOOL: _____

AGE: _____

GRADE: _____

GENDER: ☐ Male ☐ Female

RACE: ☐ Black ☐ White ☐ Coloured ☐ Asian ☐ Indian ☐ Other

Please note there are no right or wrong answers to the following questions. Please pick the answer that most closely describes how YOU feel about each statement and indicate your response by writing your answer or circling either yes or no.

KEY

N/A = not applicable

1. Number of living parents? _____
2. Number of living step-parents? _____
3. How many people on average sleep in your house most nights? _____
4. Name the area in which you live? _____
5. Is your father employed? Yes No N/A
If so what job does he do? _____
6. Is your mother employed? Yes No N/A
If so what job does she do? _____
7. Do you have siblings? Yes No
If so how many siblings do you have? _____
8. Do you know of anybody who has the disease? Yes No
9. Has anyone close to you ever died of the disease? Yes No
10. It is likely that someone I know is infected with HIV Yes No

PART 2

ATTITUDES TOWARDS HIV/AIDS

The items in this section relate to your current attitudes of the subject. There are no right or wrong answers to the following questions. Please pick the answer that most closely describes how YOU feel about each statement and indicate your response by putting a cross "X" in the appropriate box, using the following key:

KEY

SA = strongly agree
 A = agree
 NS = not sure
 D = disagree
 SD = strongly disagree

	SA	A	NS	D	SD
1. I am afraid of catching AIDS from someone who has AIDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I believe that if it weren't for gays, there wouldn't be an AIDS pandemic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I would stop being friends with a person if I discovered that he/she had AIDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I would not want to hug someone with AIDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I believe that children with AIDS should be allowed to attend school and mix with other children as normal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I believe that people with AIDS must have done something wrong	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. If one of my friends got AIDS, I would not want them to tell me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I would be willing to share a drink with someone who has AIDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I would avoid anyone I knew Who had AIDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I would be willing to be friends with someone who has AIDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

KEY

SA = strongly agree
A = agree
NS = not sure
D = disagree
SD = strongly disagree

	SA	A	NS	D	SD
11. If I were introduced to a person with AIDS I would try to avoid shaking their Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. I believe that doctors who get HIV should be allowed to go on working with their patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. I believe that people with HIV should be allowed to live in the community normally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. People who have AIDS as a result of receiving contaminated blood through transfusion are innocent victims	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. I would feel uncomfortable around someone with AIDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. I believe that AIDS patients should not be isolated from society	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. My friends do not think HIV is something to worry about	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. My friends would support my decision to avoid all sexual activities that would put me at any risk of HIV exposure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. My friends and I discuss our questions and feelings about HIV transmission	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. My friends would agree that to be sexually active proves one's manliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. My friends would support my decision to practise only low-risk sexual activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

KEY

SA = strongly agree
A = agree
NS = not sure
D = disagree
SD = strongly disagree

	SA	A	NS	D	SD
22. My friends would agree that it is important for a person to remain sexually abstinent until s/he was ready to commit him/herself to a lifelong, mutually monogamous* relationship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. My friends would laugh if I tried to convince them to avoid sexual intercourse because of the likelihood of HIV infection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. My friends look up to those who do not practise HIV preventive behaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. My friends would laugh if I tried to convince them to use condoms during sexual intercourse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. AIDS and HIV infection are not as big a problem as the media suggests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Monogamous - the practice of having only one sexual partner

PART 3

KNOWLEDGE OF HIV/AIDS

The items in this section relate to your current impressions and understandings of the subject. Please indicate your answer to the following questions by placing a cross "X" in the appropriate box.

If you do not know the answer to a question please do NOT guess, but just place a cross in the option "do not know, not sure." A "do not know, not sure" response is not wrong – but it is an important indicator of public opinion.

	TRUE	FALSE	DO NOT KNOW, NOT SURE
1. In South Africa the HIV is transmitted primarily through heterosexual contact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. A male can become infected with the HIV by having sex with a woman who has AIDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. A male can become infected with the HIV by having sex with a man who has AIDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. The HIV attacks, and finally destroys part of the body's immune system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. An HIV-infected person will always be contagious regardless of whether or not s/he has symptoms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. AIDS is diagnosed by a blood test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. With present technology AIDS can be cured	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. After initial infection with the HIV, a period of several years may elapse before the onset of AIDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. An HIV-infected person only becomes contagious to others once s/he has developed symptoms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. One HIV antibody test can conclusively establish that a person is not infected with the HIV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. HIV can be transmitted through blood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. HIV can be transmitted through saliva	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. HIV can be transmitted through semen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. HIV can be transmitted through sweat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. HIV can be transmitted through fluid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. HIV can be transmitted through vaginal fluid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	TRUE	FALSE	DO NOT KNOW, NOT SURE
17. In theory the risk of HIV transmission through saliva is possible, but in practise is extremely unlikely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. The HIV cannot pass through intact skin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Knowing a person's sexual history will indicate him/her HIV risk exposure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Asking a potential sexual partner for his/her sexual history is a reliable method on which to base a decision, and will therefore reduce the likelihood of HIV exposure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. A mucous membrane could be damaged without a person being aware of it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. One method of reliability reducing the risk of HIV exposure is to use caution in the choice of a sexual partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. When a person has sex with a partner, s/he effectively has indirect contact with all the people with whom the partner has had sexual intercourse over the past 8 to 10 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Properly used, condoms provide a reasonably effective method of reducing the risk of HIV transmission	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. If condoms are used to reduce the risk of HIV exposure they need to be worn every time a person has sexual intercourse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. A condom should be worn so that it is snug at the tip	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. A condom should be unrolled before attempting to put it on the man's erect penis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. When using a condom it is better to use an oil-based lubricant than a water-based lubricant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PART 4

RISK VERSUS BEHAVIOUR IN THE CONTEXT OF HIV/AIDS

The items in this section indicate how certain you are that you would have the confidence to carry out the following behaviours to **AVOID** the risk of HIV infection. Please indicate your answer to the following questions by placing a cross in the appropriate box.

	Very Certain	Certain	Uncertain	Very Uncertain
1. I would feel uncomfortable about initiating a discussion with a partner, before our relationship became intimate, about limiting our intimate behaviour to avoid any exposure to the HIV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I would be able to remain sexually abstinent until I was in a committed lifelong mutually monogamous* relationship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I would be able to effectively resist peer pressure to engage in sexual intercourse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I would be able to refuse to perform any risky sexual behaviour even if my partner wanted me to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I would be able to insist on only practising sexual activities which avoided any risk of exposure to HIV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I would be able to explain to my partner the need to avoid the risk of HIV transmission for both of us	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I would feel competent in negotiating with a partner, who was not really agreeable, the necessity of only practising those sexual behaviours which did not put us at risk of exposure to the HIV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I would not be embarrassed to go to a supplier and obtain condoms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I would be willing to carry a condom at all times for use whenever I had sexual intercourse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Monogamous - the practice of having only one sexual partner

	Very Certain	Certain	Uncertain	Very Uncertain
10.I would be able to learn how to use a condom properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.I would be able to initiate a discussion about lower-risk sexual activities before a relationship became sexual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.I would be able to refuse to perform any high risk sexual behaviours even if my partner wanted me to do them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.I would feel competent in negotiating lower-risk sexual activities with a partner who was not readily agreeable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.I would be able to refuse to have sexual intercourse, without the use of a condom with anyone I knew who was HIV-infected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.I would be able to insist on condom use during every sexual encounter which involved sexual intercourse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.I would be able to explain to my sexual partner the need for condom use to reduce the risk of HIV exposure for both of us	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

THANK YOU FOR PARTICIPATING IN THIS RESEARCH

APPENDIX II

FOCUS GROUP DISCUSSION QUESTIONS ABOUT THE VIDEO 'THE MOMENT'

1. How did you feel while watching the video?
2. What stood out for you most about the video?
3. Was there anything in the video that shocked you or made you feel uncomfortable?
4. Was there anything in the video that you disagreed with?
5. Where do you meet people and how do you go about entering into a relationship?
6. What do you feel about kissing? How does it make you feel?
7. How far are you prepared to go on a first 'date'?
8. Do you think HIV is something you need to be concerned about?
9. Is HIV as far as you are aware prevalent in your community?
10. Why condoms? What are condoms used for?
11. Do you think using condoms is necessary at your age? Why/why not?
12. Have you ever thought about how you would bring up the topic of condomising with your partner?
13. Do you think it is necessary to talk to your partner about condom use?

APPENDIX III

GUIDELINE QUESTIONS USED IN THE INDIVIDUAL INTERVIEWS

NAME:

AGE:

SCHOOL:

GENDER:

1. Do you know your own status?
2. How did you feel while watching the video?
3. What stood out for you most about the video?
4. Was there anything in the video that shocked you or made you feel uncomfortable?
5. Was there anything in the video that you disagreed with?
6. Where do you meet people and how do you go about entering into a relationship?
7. What do you feel about kissing? How does it make you feel?
8. How far are you prepared to go on the first 'date'?
9. Do you think HIV is something you need to be concerned about?
10. As far as you are aware is HIV prevalent in your community?
11. Do you think using condoms is necessary at your age? Why/why not?
12. Why condoms? What are condoms used for?
13. Have you ever thought about how you would bring up the topic of condomising with your partner?
14. Do you think it is necessary to talk to your partner about condom use?
15. Do you think appearances are important?
16. Have you ever thought about the effects of HIV/AIDS?
17. What attracts you to someone?
18. Do you know how to use a condom? Explain
19. Would you be embarrassed to walk into a shop and buy condoms?
20. Do you keep any condoms just in case?
21. Do you/would you talk about using a condom before entering into any sort of physical relationship?
22. Have you ever been sexually active?
23. Have you had more than one sexual partner?
24. Do you think you could be at risk? If so why?
25. Have you ever had a homosexual experience?
26. Do you know where to go in order to get tested?